

SJ-EXHIBIT 11

02-11-02A10:33 RCVD

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

STATE BOARD OF PHARMACY, 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - PHONE 614/466-4143; FAX 614/752-4836

TYPE: 02-1087150 F	PHONE (INCLUDE AREA CODE) 440-602-4013	TIME IN 11:00 A.M.	TIME OUT 12:50 P.M.
DDD#: 02-1087150 F	TYPE 05 (RETAIL)	FED.# B66013697	EXP. DATE 0-02
NAME: GIANT EAGLE	HOURS OPEN 8:00-10:00 (DAILY)	(SAT.) 8:00-9:00 A	(SUN. & HOLIDAYS) 8:00-5:00 P
R.P.: 7960 PLAZA BLVD.	RESPONSIBLE PERSON R. PH. TOM	TITLE/I.D. NO. FRENCH	INIT. USED
ADDR: MENTOR, OHIO			
CAT: LAKE	CLASS: III 05		

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
R. PH. DOUG MORRIS		#03-2-11337			
R. PH. TOM FRENCH		(#10175) (CEN)			

- LICENSING
- I.D. CARDS
- RECORDS SYSTEM
- BARRICADE
- MIN. STANDARDS
- SECURITY
- LIBRARY
- CLEANLINESS
- REFRIGERATION
- ACCOUNTABILITY
- IMPROPER DISPENSING
- INSUFFICIENT SUPERVISION
- INVENTORY RECORDS
- DRUG DESTRUCTION
- ILLEGAL SALES
- ILLEGAL PURCHASES
- SAMPLES
- NON-REG COMPOUNDING
- Rx BLANKS
- IMPROPER Rx'S
- OUTDATED DRUGS
- DRUG LABELS
- Rx INFORMATION
- OTC/SYRINGES
- GENERIC MFG.
- Rx FILES
- Rx COPIES
- Rx INT/DATE
- DEA INVENTORY
- PHONE DSCHIRx
- REFILLS-6MO/5X
- REFILLS-INT/DATE
- REFILLS-UA
- EMERGENCY KIT
- CONTINGENCY KIT
- NON-REG DISPENSING
- COUNSELING

(LOST INSPECT 1998)

1) OK (POSTED IN PHARMACY)

2) OK

3) IBM COMPUTER SYSTEM IN HOUSE ONLY. COMPUTER GENERATES A DAILY LOG, WHICH IS SIGNED BY DISPENSING PHARMACIST.

4) FULLY BARRICADED STORE (MOTION DETECTORS)

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY TO THE STATE BOARD OF PHARMACY WITHIN 20 DAYS FROM DATE ISSUED WITH EXPLANATION OF CORRECTIVE ACTION TAKEN NOTED ON THE REVERSE SIDE.

PERSON IN CHARGE: [Signature] DATE SIGNED: 1-29-02 INSPECTOR: [Signature]

PHA-0610 (Rev. 06/01) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY GREEN - DISTRIBUTOR COPY PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

STATE BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - PHONE 614/466-4143; FAX 614/752-4836

TYPE:
 DDD#: 02-1087150
 NAME:
 R.P.:
 ADDR: POE #2 OF

PHONE (INCLUDE AREA CODE)

TIME
INA.M.
P.M.TIME
OUTA.M.
P.M.

TYPE

FED.#

EXP. DATE

HOURS
OPEN

(DAILY)

(SAT.)

(SUN. & HOLIDAYS)

CAT:
CNTY:

CLASS:

RESPONSIBLE PERSON

TITLE/I.D. NO.

INIT. USED

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

1. LICENSING
2. I.D. CARDS
3. RECORDS SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
18. NON-REG COMPOUNDING
19. Rx BLANKS
20. IMPROPER Rx'S
21. OUTDATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGES
25. GENERIC MFG.
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONEDSCHIIRx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

5) OK

6) Pharm-Security (Lock-Box)

7) OK

(THEFTS - NONE)

8) OK

9) OK (2 OUTDATED LOCATED - REMOVED)
(NO FWD TO BE KEPT IN REFRIG)

10) DEA 222 ORDER FORMS

29) DEA INVENTORY - 5-01-01

Wholesale - McKesson (Closing)

Approx Daily Rx - 75

Last Rx - 6037075

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PERSON IN CHARGE

DATE SIGNED

INSPECTOR

PHA-0610 (Rev. 06/01)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

02-28-05P03:18 RCVD

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: 03-108750 F	AREA CODE / TELEPHONE NUMBER: 440-602-4013	TIME IN: 12:55 P.M.	TIME OUT: 2:30 P.M.
DDD#: 03-108750 F	TYPE: 05 (RETAIL) BG 6013697	EXP. DATE: 9-30-05	
NAME: GIANT EAGLE	HOURS OPEN: 9:00-9:00 P (DAILY) 8:00 P (SAT.) 9:00 (SUN. & HOLIDAYS)		
R.P.: 7960 PLAZA BLVD.	RESPONSIBLE PERSON: R.A. DOUG URRANIAK	TITLE/I.D. NO. INIT. USED	
ADDR: MENTOR, OHIO			
CAT: CAKE	CLASS: 05		
CNTY: CAKE			

PERSONNEL	INIT. USED	TITLE/I.D. NO.	PERSONNEL	INIT. USED	TITLE/I.D. NO.
R.A. DOUG URRANIAK		#03-3-10687			
R.A. TONY RICE		#03-2-15651			

1. LICENSING
2. I.D. CARDS
3. RECORDS SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
18. NON-REG COMPOUNDING
19. RX BLANKS
20. IMPROPER RX'S
21. OUTDATED DRUGS
22. DRUG LABELS
23. RX INFORMATION
24. OTC/SYRINGES
25. GENERIC MFG.
26. RX FILES
27. RX COPIES
28. RX INT/DATE
29. DE INVENTORY
30. PHONED SCHIRX
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

(LAST INSPECT 2001)

1) OK (POSTED IN STORE)

2) OK (2005) GIANT EAGLE PHARMACY #0196
7960 PLAZA BOULEVARD
MENTOR, OH 44060
440-602-4013

3) IBM COMPUTER SYSTEM
PDX SOFTWARE
COMPUTER SYSTEM ON
LINE (2 Wks AGO)
TO ALL OTHER GIANT
EAGLE PHARMACIES

☐ PINK SHEET ISSUED FOR NUMBER(S): 3905 RS

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF CORRECTIVE ACTION TAKEN NOTED ON THE REVERSE SIDE, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE

DATE SIGNED

SIGNATURE OF INSPECTOR

PHA-0610 (Rev. 02/02)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

440-805-4013
MENTOR OF 4400
3880 PLAZA BOULEVARD
GIANT EAGLE PHARMACY #0189

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:
DDD#: 021087150
NAME:
R.P.:
ADDR: PAGE 2 OF 3

AREA CODE / TELEPHONE NUMBER

TIME IN A.M.
P.M.

TIME OUT A.M.
P.M.

TYPE

FED.#

EXP. DATE

HOURS
OPEN

(DAILY)

(SAT.)

(SUN. & HOLIDAYS)

CAT:
CNTY:

CLASS:

RESPONSIBLE PERSON

TITLE/I.D. NO.

INIT. USED

PERSONNEL

INIT.
USED

TITLE/
I.D. NO.

PERSONNEL

INIT.
USED

TITLE/
I.D. NO.

1. LICENSING
2. I.D. CARDS
3. RECORDS SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
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12. INSUFFICIENT SUPERVISION
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15. ILLEGAL SALES
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29. DE INVENTORY
30. PHONED SCHIRX
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32. REFILLS-INT/DATE
33. REFILLS-UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

COMPUTER GENERATES A
DAILY LOG WHICH IS
SIGNED BY DISPENSING
PHARMACIST.

4) BARRICADE REPORT
WRITTEN (APPROVED)
5) OK

6) STATE ARMS SYSTEM

7) OK

☐ PINK SHEET ISSUED FOR NUMBER(S):

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SIGNATURE OF PERSON IN CHARGE

DATE SIGNED

SIGNATURE OF INSPECTOR

PHA-0610 (Rev. 02/02)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: NAME: R.P.: ADDR:	02-1087150 POOE 3 OF 3	AREA CODE / TELEPHONE NUMBER	TIME IN A.M. P.M.	TIME OUT A.M. P.M.
CAT: CNTY:	CLASS: 3	TYPE	FED.#	EXP. DATE
		HOURS OPEN	(DAILY)	(SAT.) (SUN. & HOLIDAYS)
		RESPONSIBLE PERSON	TITLE/I.D. NO.	INIT. USED

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING	
2. I.D.CARDS	
3. RECORDSYSTEM	
4. BARRICADE	8) OK
5. MIN.STANDARDS	
6. SECURITY	
7. LIBRARY	
8. CLEANLINESS	
9. REFRIGERATION	9) OK
10. ACCOUNTABILITY	
11. IMPROPERDISPENSING	
12. INSUFFICIENTSUPERVISION	
13. INVENTORYRECORDS	
14. DRUGDESTRUCTION	
15. ILLEGALSALES	10) DEA 222 ORDER FORMS
16. ILLEGALPURCHASES	IN ORDER-
17. SAMPLES	
18. NON-REGCOMPOUNDING	
19. RxBLANKS	
20. IMPROPERRx'S	
21. OUTDATEDDRUGS	
22. DRUGLABELS	
23. RxINFORMATION	
24. OTC/SYRINGES	
25. GENERICMFG.	
26. RxFILES	
27. RxCOPIES	
28. RxINT/DATE	
29. DEAINVENTORY	
30. PHONEDSCHIIRx	
31. REFILLS-6MO/5X	
32. REFILLS-INT/DATE	
33. REFILLS-UA	
34. EMERGENCYKIT	
35. CONTINGENCYKIT	
36. NON-REGDISPENSING	
37. COUNSELING	

10) DEA 222 ORDER FORMS IN ORDER-
THERES IN LAST 57RS
NONE.
APPROX. DAILY RX-75
WHOLESALE - mckesson
29) DEA INVENTORY - 5-1-03
LAST RX # - 609670 (OPENING)

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SIGNATURE OF PERSON IN CHARGE: [Signature] DATE SIGNED: 2/23/05 SIGNATURE OF INSPECTOR: [Signature]

PHA-0610 (Rev. 02/02) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY GREEN - DISTRIBUTOR COPY PINK - INDIVIDUAL COPY

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: <u>2-23-05</u>	T.D.D.D. #: <u>02-1087150</u>
BOARD AGENT: <u>F. J. R. D. D.</u>	D.E.A. #: <u>B66013697</u>

YES NO (CHECK ONE)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- ☒ ☐ Key in sealed envelope in safe.
- ☒ ☐ All items requiring R.Ph. supervision are inside barricade.
- ☒ ☐ Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- ☒ ☐ Minimum of seven (7) feet in height.
- ☒ ☐ Fully enclosed.
- ☒ ☐ Suitable locks are provided.
- ☒ ☐ Prescription department cannot be entered when locked without obvious damage to barricade.
- ☐ ☐ No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

BARRICADE
APPROVED

ELECTRONICS:

- ☐ ☐ This is a company-owned system.
If no, leased from who? _____
- ☒ ☐ This is a ☒ HARDWIRE / ☐ WIRELESS / ☐ BOTH system. (check one)
- ☐ ☒ There is a functional emergency "hold up" button.
- ☒ ☐ System is in operation at all times when R.Ph. is not present.
- ☒ ☐ Items in prescription room may not be removed when system is operating without activating the alarm.

If yes, where does alarm sound or who does it alert?

① STATE ALARMS ② M.A. ③ R.P.A.

- ☒ ☐ Only pharmacists possess access code to prescription room.
- ☒ ☐ System was tested this date. Date system was last tested? _____
- ☐ ☒ Slot is provided for drop-in prescriptions.
- ☒ ☐ Suitable notice of operating hours to public is posted.
- ☒ ☐ Notice of emergency service is posted.

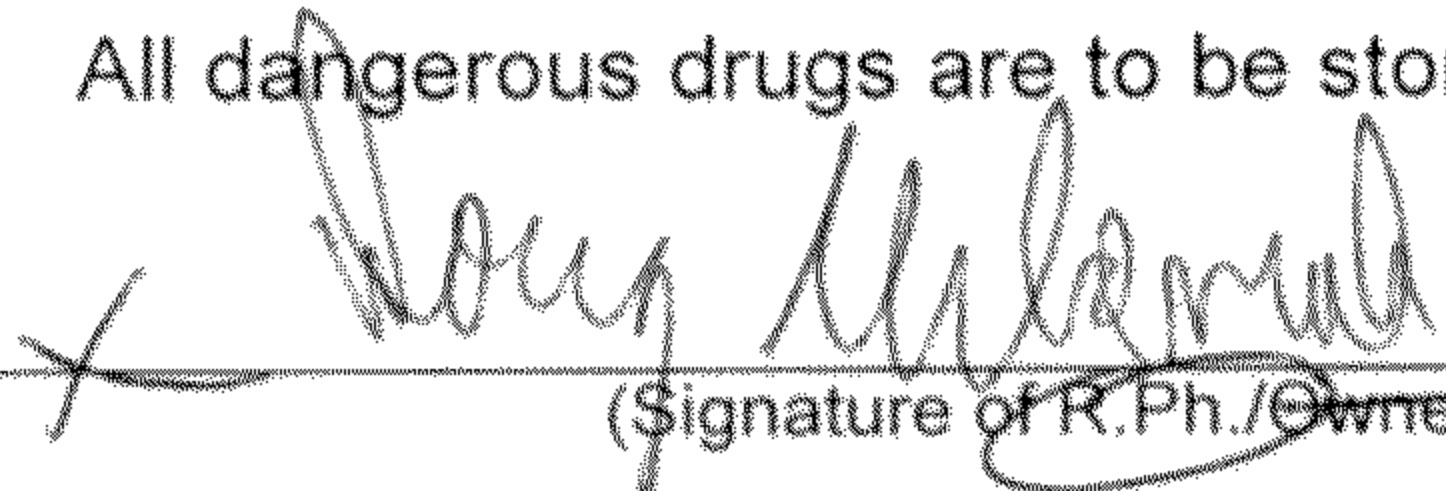
OHIO STATE BOARD OF PHARMACY


PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:**I have been informed of and understand the following requirements:**

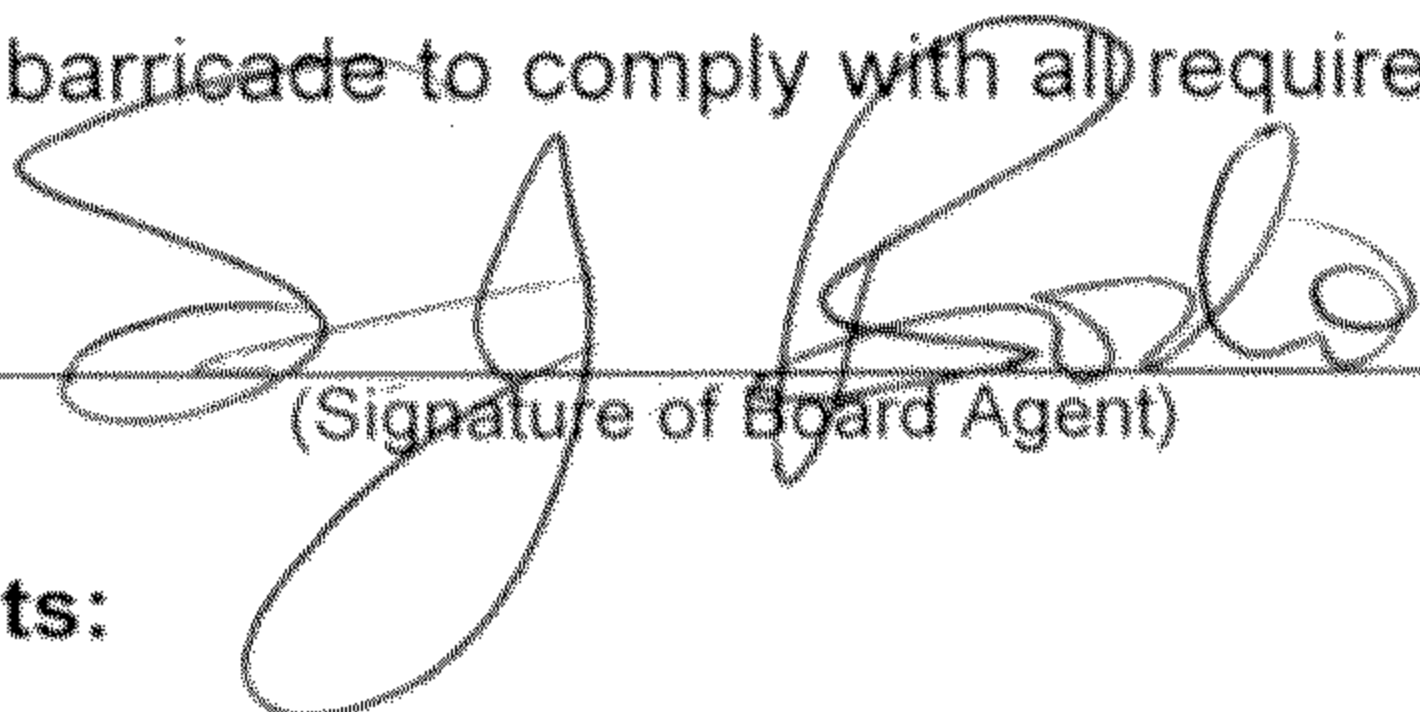
1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.


 (Signature of R.Ph./Owner)


 (Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:


 (Signature of Board Agent)


 (Title)

Comments:

5

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: 05-RETAIL DDD#: 02-1087150 NAME: GIANT EAGLE #196 R.P.: 7960 PLAZA BLVD ADDR: MENTOR, OHIO CAT: CLASS: 05 CNTY: LAKE	AREA CODE / TELEPHONE NUMBER: 440-602-4013 TIME IN: 2:00 P.M. TIME OUT: 3:15 P.M. TYPE: 05-RETAIL FED.#: BG6013697 EXP. DATE: 30-08 HOURS OPEN: 9:00-9:00 M/F SAT 9:00-6:00 SUN 9:00-5:00 FAX NUMBER: 440-602-4013 EMAIL:
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PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
RPH. ANTHONY ROJE		#03-21569			OHIO PHARMACY BOARD
RPH. MARK FERENCZ					
					MAY 27 2008

1. LICENSING
2. I.D.CARDS
3. RECORDSYSTEM
4. BARRICADE
5. MIN.STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPERDISPENSING
12. INSUFFICIENTSUPERVISION
13. INVENTORYRECORDS
14. DRUGDESTRUCTION
15. ILLEGALSALES
16. ILLEGALPURCHASES
17. SAMPLES
20. IMPROPERRx'S
21. OUTDATEDDRUGS
22. DRUGLABELS
23. RxINFORMATION
24. OTC/SYRINGES
26. RxFILES
27. RxCOPIES
28. RxINT/DATE
29. DEAINVENTORY
30. PHONEDSCHIIRx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

F ☒ Comp P ☐

1) OK (2008 POSTED IN PHARMACY) (LOST INSPECT)

2) OK (2008)

GIANT EAGLE PHARMACY #0196
7960 PLAZA BOULEVARD
MENTOR, OH 44060
440-602-4013

3) IBM COMPUTER - ON LINE TO ALL OTHER GIANT EAGLE PHARMACIES
COMPUTER GENERATES A DAILY LOG WHICH IS SIGNED BY DISPENSING RPH.

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

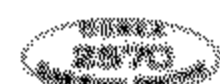
SIGNATURE OF PERSON IN CHARGE

DATE

SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev.10/07) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GOLDENROD - DISTRIBUTOR COPY



DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:	02-1087150 PAGE 2 OF 3	AREA CODE / TELEPHONE NUMBER	TIME IN A.M. P.M.	TIME OUT A.M. P.M.
DDD#:		05	FED.#	EXP. DATE
NAME:			HOURS OPEN	
R.P.:			FAX NUMBER EMAIL	
ADDR:				
CAT:	CLASS:			
CNTY:				

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING	4) BARRICADE REPORT WRITTEN (APPROVED)
2. I.D.CARDS	
3. RECORDSYSTEM	
4. BARRICADE	
5. MIN.STANDARDS	
6. SECURITY	
7. LIBRARY	
8. CLEANLINESS	
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29. DEAINVENTORY	
30. PHONEDSCHIIRx	
31. REFILLS-6MO/5X	
32. REFILLS-INT/DATE	
33. REFILLS-UA	
37. COUNSELING	
38. PSE SALES	
39. OARRS	
40. CONFIDENTIALITY	
F <input checked="" type="checkbox"/> P <input type="checkbox"/>	

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE	5/15/08	DATE	SIGNATURE OF INSPECTOR	05-15-08	DATE
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PHA-0610 (Rev.10/07) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GOLDENROD - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:

DDD#:

NAME:

R.P.:

ADDR:

AREA CODE / TELEPHONE
NUMBER

TIME IN

A.M.

TIME
OUT

A.M.

P.M.

TYPE

FED.#

EXP. DATE

HOURS
OPEN

FAX NUMBER

EMAIL

CAT:

CLASS:

CNTY:

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING
2. I.D.CARDS
3. RECORDSYSTEM
4. BARRICADE
5. MIN.STANDARDS
6. SECURITY
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30. PHONEDSCHIRx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

F ☒ P ☐

(10) DEA 222 ORDER
Forms IN ORDER

WHOLESALE - mckesson
APPROX DAILY RX - 100
LAST BY - 6/12/22
THEFTS - NONE

29) DEA INVENTORY - 05-01-07
(OPENING)

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

IF BOX IS CHECKED, **THE DISTRIBUTOR** SHALL CORRECT ITEM(S) INDICATED AND **RETURN THE PINK COPY**, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE **WITHIN 20 DAYS** FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE

DATE

SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev.10/07) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GOLDENROD - DISTRIBUTOR COPY



Handwritten notes and diagrams, including a large 'X' and various scribbles.

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: <u>05-15-08</u>	T.D.D.D. #: <u>02-1087150</u>
BOARD AGENT: <u>FJBOD</u>	D.E.A. #: <u>1366013697</u>

YES NO (Place an X on the appropriate line for each statement below)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- X X Key in sealed envelope in safe.
X — All items requiring R.Ph. supervision are inside barricade.
X — Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- X — Minimum of seven (7) feet in height.
X — Fully enclosed.
X — Suitable locks are provided.
X — Prescription department cannot be entered when locked without obvious damage to barricade.
X — No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.
- PHYSICAL
AND ELECTRONIC
BARRICADE
APPROVED**

ELECTRONICS:

- X This is a company-owned system. STATE ALARMS
If no, leased from who? STATE ALARMS
X — This is a X HARDWIRE / — WIRELESS / — BOTH system. (check one)
— X There is a functional emergency "hold up" button.
X — System is in operation at all times when R.Ph. is not present.
— — Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?
① STATE ② MFD ③ R.Ph.
X — Only pharmacists possess access code to prescription room.
X — System was tested this date. Date system was last tested?
— X Slot is provided for drop-in prescriptions.
X — Suitable notice of operating hours to public is posted.
X — Notice of emergency service is posted.

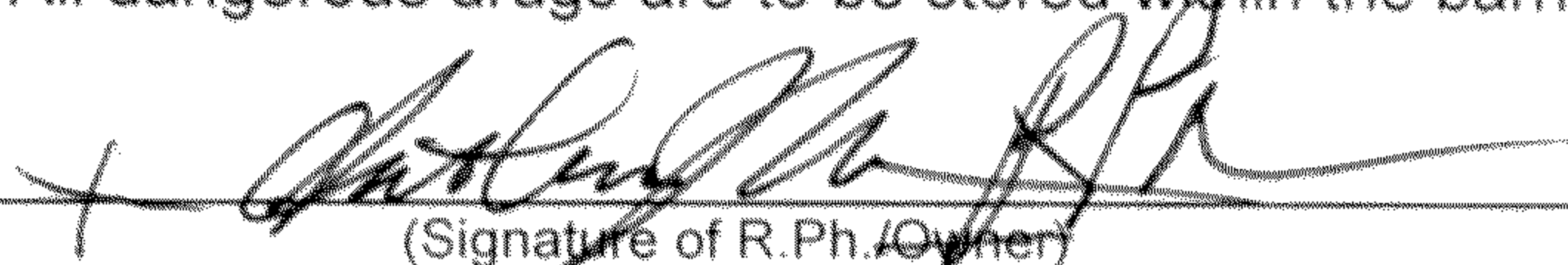
OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:**I have been informed of and understand the following requirements:**

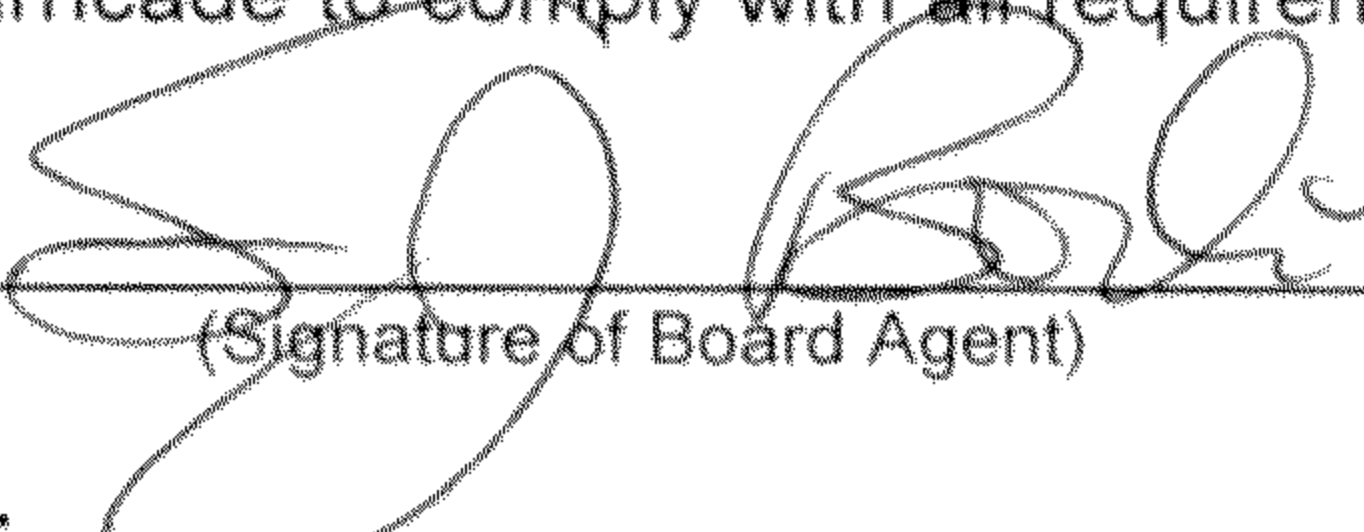
1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.


 (Signature of R.Ph./Owner)

5/15/08 3PM
 (Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:


 (Signature of Board Agent)


 (Title)

Comments:

GIANT EAGLE PHARMACY #0196
7960 PLAZA BOULEVARD
MENTOR, OH 44060
440-602-4013

1

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY; 77 S. HIGH ST., 17TH FLOOR; COLUMBUS, OHIO 43266-0320 - PHONE 614/466-4143; FAX 614/752-4836

TYPE: TERM DISTR RETAIL PHARMACY
 DDD#: 02-1087150 GIANT (NEW)
 NAME: RINI-REGO EAGLE dba
 R.P.: MARLENE G. KHOREY RPH
 ADDR: 7960 PLAZA BLVD.
 MENTOR, OH 44060

PHONE (INCLUDE AREA CODE)

440-602-4013

TIME

A.M.

TIME

A.M.

IN

P.M.

OUT

9:30 P.M.

TYPE

FED.#

EXP. DATE

05 (RETAIL)

PENDING

HOURS

(DAILY)

(SAT.)

(SUN. & HOLIDAYS)

OPEN

9:00-10:00P

9:00

9:00

RESPONSIBLE PERSON

TITLE/I.D. NO.

INIT. USED

R.P.H. MARLY BETH SALISBERY

CAT: THREE

CLASS: 05

CNTY: LAKE CO. (43)-FB 07/29/98 SP

PERSONNEL	INIT. USED	TITLE/I.D. NO.	PERSONNEL	INIT. USED	TITLE/I.D. NO.
R.P.H. MARLENE KHOREY		#03-1-21344			
R.P.H. MARLY BETH SALISBERY				SEP 11 1998	
R.P.H. DOUG MORRIS					

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
18. NON-REG COMPOUNDING
19. Rx BLANKS
20. IMPROPER Rx'S
21. OUTDATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGES
25. GENERIC MFG.
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED SCH II Rx
31. REFILLS - 6MO/5X
32. REFILLS - INT/DATE
33. REFILLS - UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

1) OK (DELIVERED THIS DATE)

- PORTAL INSPECTION -

2) OK

3) IBM COMPUTER IN HOUSE ONLY PDX SOFTWARE

4) BARRICADE REPORT WRITTEN

5) OK

6) FIRM SECURITY COMPANY

7) ORDERED

8) OK (NEW PHARMACY)

9) OK

WHOLESALE - MCKESSY/CARDINAL
STORE TO OPEN 09-13-98

Comp 9/17/98

PINK SHEET ISSUED FOR NUMBER(S):

DATE:

PERSON IN CHARGE

DATE 9/2/98

INSPECTOR

PHA-0610 (Rev. 03/97)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORTDATE 9-2-98
AGENT FTF-001T.D.D.D. NO. 02-1087150
D.E.A. NO. 000000

RULE 4729-9-11 REQUIREMENTS

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:
_____.

CHECK ONE:

YES	NO
X	
X	
X	
X	
X	
X	
X	
X	
X	
	X
X	
X	
X	
X	
X	

Key in sealed envelope in safe.

All items requiring R.Ph. supervision are inside barricade.

Prescription department may not be entered when barricade is in use.

(A) Physical Barricade:

(1) Minimum of seven (7) feet in height.

(2) Fully enclosed.

(3) Suitable locks are provided.

(4) Prescription department cannot be entered when locked without obvious damage to barricade.

(5) No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

(B) Electronics:

(1) This is a company-owned system.

If no, leased from whom? FIRM SECURITY

(2) This is a [circle one] hardwire/wireless/both system.

(3) There is a functional emergency "hold up" button.

(4) System is in operation at all times when R.Ph. is not present.

(5) Items in prescription room may not be removed when system is operating without activating the alarm.

Where does alarm sound or who does it alert? ① FIRM SECURITY② MONITOR ROOM③ RPH.

(6) Only R.Ph.s possess access code to prescription room.

(7) System was tested this date.

When was system last tested? (Date) 09-02-98

PHA-0611 (Rev. 01/90)

(CONTINUED ON REVERSE)

11/17/21

- 2 -

CHECK ONE:

YES	NO
	X
X	
X	

Slot is provided for drop-in prescriptions.

Suitable notice of operating hours to public is posted.

Notice of emergency service is posted.

I, MAURICE L. HENRY, R.Ph. Owner, have been informed of and understand the following requirements:

- (1) No prescription item may be sold when the prescription department is closed.
- (2) No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
- (3) No prescription may be left outside the barricade for customer pick-up.
- (4) No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
- (5) No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Rules 4729-17-03 and 4729-17-07 of the Ohio Administrative Code.
- (6) Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
- (7) All dangerous drugs are to be stored within a barricaded area.

Maurice L. Henry
(Signature of R.Ph./Owner)

9-2-98 9:25 AM
(Date/Time)

I, FRANK J. BAI, COMPLIANCE AGENT, FIND THIS BARRICADE TO COMPLY WITH ALL REQUIREMENTS OF RULE 4729-9-11 OF THE OHIO ADMINISTRATIVE CODE.

COMMENTS:

(PLACE STORE STICKER HERE)

10/17/21

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY; 77 S. HIGH ST., 17TH FLOOR; COLUMBUS, OHIO 43266-0320 - PHONE 614/466-4143; FAX 614/752-4836

TYPE:	PHONE (INCLUDE AREA CODE)	TIME IN	A.M.	TIME OUT	A.M.
DDD#: 02-1087150 F	440-602-4013	12:40	P.M.	2:00	P.M.
NAME: GIANT EDGE PHARMACY	TYPE	FED.#	EXP. DATE		
R.P.: 7960 PLAZA BLVD.	05 (RETAIL)	9-30	866013697		
ADDR: MENTOR, OHIO	HOURS OPEN	(DAILY)	(SAT.)	(SUN. & HOLIDAYS)	
CAT: III	8:00-10:00A	8:00-9:00A	8:00-5:00A		
CNTY: LAKE	CLASS: 05	RESPONSIBLE PERSON	TITLE/I.D. NO.	INIT. USED	
		RPH. MARY BETH SAUSBURY			

PERSONNEL	INIT. USED	TITLE/I.D. NO.	PERSONNEL	INIT. USED	TITLE/I.D. NO.
RPH. DOUG MORRIS		#03-211337	"DN"		
RPH. MARY BETH SAUSBURY		#21226	"MBH"		
		(GER)			

DEC 10 1998

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
18. NON-REG COMPOUNDING
19. RX BLANKS
20. IMPROPER RX'S
21. OUTDATED DRUGS
22. DRUG LABELS
23. RX INFORMATION
24. OTC/SYRINGES
25. GENERIC MFG.
26. RX FILES
27. RX COPIES
28. RX INT/DATE
29. DEA INVENTORY
30. PHONED SCH II RX
31. REFILLS - 6MO/5X
32. REFILLS - INT/DATE
33. REFILLS - UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

- 1) OK (POSTED IN PHARMACY)
- 2) OK
- 3) IBM COMPUTER SYSTEM IN HOUSE ONLY. PDX SOFTWARE. COMPUTER GENERATES A DAILY PRINT-OUT WHICH IS SIGNED BY DISPENSING PHARMACIST.
- 4) BARRICADE OK (REPORT WRITTEN EARLIER ON OPENING AND DELIVERY OF LICENSE)
- 5) OK
- 6) PHARM SECURITY SYSTEMS
- 7) OK (LAW BOOK IN STORE)

PINK SHEET ISSUED FOR NUMBER(S):

DATE:

PERSON IN CHARGE

DATE

INSPECTOR

PHA-0610 (Rev. 03/97)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY; 77 S. HIGH ST., 17TH FLOOR; COLUMBUS, OHIO 43266-0320 - PHONE 614/466-4143; FAX 614/752-4836

TYPE:
DDD#:
NAME:
R.P.:
ADDR:

021087150
PAGE 2 OF 2

PHONE (INCLUDE AREA CODE)

TIME
IN

A.M.
P.M.

TIME
OUT

A.M.
P.M.

TYPE

FED.#

EXP. DATE

HOURS
OPEN

(DAILY)

(SAT.)

(SUN. & HOLIDAYS)

CAT:
CNTY:

CLASS:

RESPONSIBLE PERSON

TITLE/I.D. NO.

INIT. USED

PERSONNEL

INIT.
USED

TITLE/
I.D. NO.

PERSONNEL

INIT.
USED

TITLE/
I.D. NO.

1. LICENSING
2. I.D. CARDS
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32. REFILLS - INT/DATE
33. REFILLS - UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

8) OK (NEW STORE)

9) OK

10) DEA 222 ORDER
FORMS IN ORDER



DBA RINI-REGO #0196 7960 PLAZA BLVD.
MENTOR, OH 44060

PHARMACY

NABP 3665671

440-602-4013

6002400 12/02/00 12/02/00 DNL

29) DEA INVENTORY -
09-27-98 - (ON OPENING

37) COUNSELING BOOK AT
FRONT COUNTER FOR REFILLS.

WHOLESALE - MCKESSON

THEFTS - NONE

APPROX DAILY RX - 35-50

PINK SHEET ISSUED FOR NUMBER(S):

DATE:

PERSON IN CHARGE

DATE 12398

INSPECTOR

PHA-0610 (Rev. 03/97)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

JAN 21 2015

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, RM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: **RTPC**
 DDD#: **021087150**
 NAME: **Giant Eagle #0196**
 R.P.: **Anthony Rojc**
 ADDR: **7960 Plaza Blvd.**
Mentor, OH 44060

CAT: **III**
 CNTY: **43**

CLASS:

AREA CODE / TELEPHONE NUMBER
440-602-4013

TIME IN AM
1:30 PM

TIME OUT AM
3:00 PM

TYPE
RTPC

FED. #
BG6013697

EXP. DATE
9/30/17

HOURS OPEN
M-F 9-9 Sat 9-6 Sun 9-5

FAX NUMBER
440-602-4051

EMAIL

PERSONNEL	INIT. USED	TITLE / I.D. NO.	PERSONNEL	INIT. USED	TITLE / I.D. NO.
Charles Meppner		03112354	GIANT EAGLE PHARMACY #0196		
Anthony Rojc		15691	7960 PLAZA BOULEVARD		
			MENTOR, OH 44060		
			440-602-4013		

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
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16. ILLEGAL PURCHASES
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24. OTC/SYRINGES
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED C-II Rx
31. REFILLS-6MO/SX
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☒ Partial ☐

- 1.) OSBP + PEA licenses current + posted. Wall licenses conspicuously posted.
- 2.) OK
- 3.) PDX Enterprise Pharmacy System dispensing software version 2.5.08.009 Build 2508-89. Five total terminals handle data entry of prescription and patient profile information. Dispensing system equipped with biometric fingerprint scanners for RPh's + techs. Employees also issued unique individual barcodes which deactivate at end of day. Data backed up offsite. Patient profile information stored for several years.
- 4.) Fully enclosed barricade. No drive thru.

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

[Signature]
 SIGNATURE OF PERSON IN CHARGE

1-7-2015
 DATE

[Signature]
 SIGNATURE OF INSPECTOR

1/7/2015
 DATE

PHA-0610 (Rev 04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

CONFIDENTIAL

CONFIDENTIAL

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, RM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 021087150 NAME: R.P.: ADDR: CAT: CNTY:			AREA CODE / TELEPHONE NUMBER TYPE HOURS OPEN FAX NUMBER EMAIL		TIME IN A.M. P.M.	TIME OUT A.M. P.M.
CLASS: 2 of 4			FED. # EXP. DATE			

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
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29. DEA INVENTORY
30. PHONED C-II Rx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☐ Partial ☐

5.) Pharmacy properly equipped to carry out practice of pharmacy. Staff appropriately wearing identifying ID tags.

6.) No documented thefts or significant losses in past year. Any significant loss of a dangerous drug must be reported to OSBP immediately upon discovery.

7.) RPh able to access Ohio drug laws + rules online via OSBP website.

8.) Pharmacy kept clean + orderly.

9.) Refrigerator maintained at appropriate temperature.

10.) DEA 222 forms properly executed upon receiving order from McKesson. Forms affixed to order.

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE	1-7-2015 DATE	SIGNATURE OF INSPECTOR	1/7/15 DATE
-------------------------------	------------------	------------------------	----------------

PHA-0610 (Rev. 04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, RM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 02087150 NAME: R.P.: ADDR: CAT: CNTY:	AREA CODE / TELEPHONE NUMBER TIME IN A.M. P.M. TIME OUT A.M. P.M. TYPE FED. # EXP. DATE HOURS OPEN FAX NUMBER EMAIL
---	--

PERSONNEL	INIT. USED	TITLE / I.D. NO.	PERSONNEL	INIT. USED	TITLE / I.D. NO.

3 of 4

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
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32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☐ Partial ☐

Invoice and signed in by RPh. 222 compared to C-II inventory log book

13.) C-II perpetual inventory log maintained.

20.) Floored in Rx's have full name of prescriber agent. Hydromet Rx* was inappropriately faxed by Dr. Lele since it is now C-II. RPh informed MD and documented change in prescription to Cheetrussin. New Rx filed as Rx #4030684.

21.) Outdates pulled monthly. Box for control and non control outdates kept away from active stock. Very limited amount of return to stock vials on shelves.

23.) Approximately 900 Rx's/week.

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

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SIGNATURE OF PERSON IN CHARGE	1-7-2015 DATE	SIGNATURE OF INSPECTOR	1/7/15 DATE
-------------------------------	------------------	------------------------	----------------

PHA-0610 (Rev. 04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, RM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 021087150 NAME: R.P.: ADDR: CAT: CNTY:	AREA CODE / TELEPHONE NUMBER TIME IN A.M. P.M. TIME OUT A.M. P.M. TYPE FED. # EXP. DATE HOURS OPEN FAX NUMBER EMAIL
--	--

4 of 4

PERSONNEL	INIT. USED	TITLE / I.D. NO.	PERSONNEL	INIT. USED	TITLE / I.D. NO.

1. LICENSING
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11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
20. IMPROPER Rx's
21. OUTDATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGES
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED C-II Rx
31. REFILLS-6MO/SX
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☐ Partial ☐

26.) 4 part filing system - 2's, 4's, 6's, 8's (OTC)

28.) RPhs properly initialing hard copy Rx's to show positive ID on new Rx's filled.

29.) Last DEA inventory completed 5/1/2014 at business open by RPh. Rojs. Ultram added to inventory in August.

32.) Daily prescription log report prints out. Signed after review by dispensing RPh. to show positive ID on retail Rx's dispensed.

37.) Techs offer counseling to customers at check out.

Rx # 6259860 dispensed today

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

 SIGNATURE OF PERSON IN CHARGE	1-7-2015 DATE	 SIGNATURE OF INSPECTOR	1/7/15 DATE
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PHA-0610 (Rev. 04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

FEB - 1 2012

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, RM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143, FAX 614-752-4836

TYPE: DDD#: 021087150 NAME: Giant Eagle #0196 R.P.: ADDR: Anthony Rojc 7960 Plaza Blvd. Mentor, OH 44060 CAT: III CLASS: CNTY: Lake			1 of 3		
			AREA CODE / TELEPHONE NUMBER 440-602-4013		
			TIME IN AM. 3:30 PM TIME OUT AM. 5:15 PM		
			TYPE FED. # BG6013697 EXP. DATE 9/30/14		
			HOURS OPEN M-F 9-9 Sat 9-6 Sun 9-5		
			FAX NUMBER EMAIL 440-602-4051		

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
Arye Lebowitz		03213165	 <p>Giant Eagle Pharmacy #0196 7960 PLAZA BLVD. MENTOR, OH 44060 BG6013697 (440)602-4013</p>		
Anthony Rojc		15691			

<ul style="list-style-type: none"> <input type="checkbox"/> LICENSING <input type="checkbox"/> I.D. CARDS <input type="checkbox"/> RECORD SYSTEM <input type="checkbox"/> BARRICADE <input type="checkbox"/> MIN. STANDARDS <input type="checkbox"/> SECURITY <input type="checkbox"/> LIBRARY <input type="checkbox"/> CLEANLINESS <input type="checkbox"/> REFRIGERATION <input type="checkbox"/> ACCOUNTABILITY <input type="checkbox"/> IMPROPER DISPENSING <input type="checkbox"/> INSUFFICIENT SUPERVISION <input checked="" type="checkbox"/> INVENTORY RECORDS <input type="checkbox"/> DRUG DESTRUCTION <input type="checkbox"/> ILLEGAL SALES <input type="checkbox"/> ILLEGAL PURCHASES <input type="checkbox"/> SAMPLES <input type="checkbox"/> IMPROPER Rx's <input type="checkbox"/> OUTDATED DRUGS <input type="checkbox"/> DRUG LABELS <input type="checkbox"/> Rx INFORMATION <input type="checkbox"/> OTC/SYRINGES <input type="checkbox"/> Rx FILES <input type="checkbox"/> Rx COPIES <input type="checkbox"/> Rx INT/DATE <input checked="" type="checkbox"/> DEA INVENTORY <input type="checkbox"/> PHONED C-II RX <input type="checkbox"/> REFILLS-6MO/5X <input type="checkbox"/> REFILLS-INT/DATE <input type="checkbox"/> REFILLS-UA <input type="checkbox"/> COUNSELING <input type="checkbox"/> PSE SALES <input type="checkbox"/> OARRS <input type="checkbox"/> CONFIDENTIALITY 	<p>2/1/12 yaf</p> <p>Comp 2-2-12</p> <p>* Full <input checked="" type="checkbox"/> Partial <input type="checkbox"/></p> <p>Comp 2-3-12</p> <p>PINK SHEET ISSUED FOR NUMBER(S): 29</p>	<p>1.) OSBP + DEA licenses current + posted. 2.) OK</p> <p>3.) PDX software version 4.7.00 Three Four terminals for data entry and patient profile searches.</p> <p>All Grant Eagle stores connected online for rx transfers. RPh uses unique bar code for Rx verification - sign in each day and new bar code issued. Daily dispensing authentication log prints out listing all Rxs dispensed.</p> <p>4.) Fully enclosed barricade. Barricade inspection report completed. 5.) OK 6.) Electrazone alarm backs up physical barricade. 7.) RPh has ability to access OSBP website and Ohio drug laws and rules. 8.) OK 9.) OK</p>
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IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED. include biennial inventory

SIGNATURE OF PERSON IN CHARGE

DATE _____

SIGNATURE OF INSPECTOR

DATE _____

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

10/17/21

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, RM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: NAME: 021087150 R.P.: ADDR: CAT: CNTY:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">AREA CODE / TELEPHONE NUMBER</td> <td style="width: 10%;">TIME IN</td> <td style="width: 10%;">A.M.</td> <td style="width: 10%;">TIME OUT</td> <td style="width: 10%;">A.M.</td> </tr> <tr> <td></td> <td></td> <td>P.M.</td> <td></td> <td>P.M.</td> </tr> <tr> <td colspan="2">TYPE</td> <td colspan="2">FED. #</td> <td>EXP. DATE</td> </tr> <tr> <td colspan="5">HOURS OPEN</td> </tr> <tr> <td colspan="2">FAX NUMBER</td> <td colspan="3">EMAIL</td> </tr> </table>	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.			P.M.		P.M.	TYPE		FED. #		EXP. DATE	HOURS OPEN					FAX NUMBER		EMAIL		
AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.																						
		P.M.		P.M.																						
TYPE		FED. #		EXP. DATE																						
HOURS OPEN																										
FAX NUMBER		EMAIL																								

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

<ol style="list-style-type: none"> 1. LICENSING 2. I.D. CARDS 3. RECORD SYSTEM 4. BARRICADE 5. MIN. STANDARDS 6. SECURITY 7. LIBRARY 8. CLEANLINESS 9. REFRIGERATION 10. ACCOUNTABILITY 11. IMPROPER DISPENSING 12. INSUFFICIENT SUPERVISION 13. INVENTORY RECORDS 14. DRUG DESTRUCTION 15. ILLEGAL SALES 16. ILLEGAL PURCHASES 17. SAMPLES 20. IMPROPER Rx's 21. OUTDATED DRUGS 22. DRUG LABELS 23. Rx INFORMATION 24. OTC/SYRINGES 26. Rx FILES 27. Rx COPIES 28. Rx INT/DATE 29. DEA INVENTORY 30. PHONED C-II Rx 31. REFILLS-6MO/5X 32. REFILLS-INT/DATE 33. REFILLS-UA 37. COUNSELING 38. PSE SALES 39. OARRS 40. CONFIDENTIALITY 	<p>10.) Store maintains 2012 Pharmacy Controlled Drugs Record Box which contains records of accountability including CII-V invoices, unexecuted 222 forms, inventory, power of attorney forms and theft/loss documents. McKesson + Andri used as wholesalers. 13.) C-II log book maintained. Inventory conducted monthly. 21.) Boxes on floor with bold labels for outdates. 23.) C-II Rx's checked. Rx's properly contain prescriber DEA, quantity in alpha + numeric format. 26.) 4 part filing system - 2's for C-II's, 4's for CII-V, 6's for legend drugs, 8's for OTC meds written as a prescription.</p>
--	---

Full ☐ Partial ☐

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE	1-25-12 DATE	SIGNATURE OF INSPECTOR	1/25/12 DATE
-------------------------------	-----------------	------------------------	-----------------

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

1

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:

DDD#: 021087150

NAME:

R.P.:

ADDR:

3 of 3

AREA CODE / TELEPHONE NUMBER

TIME IN

A.M.

TIME OUT

A.M.

P.M.

P.M.

TYPE

FED. #

EXP. DATE

HOURS
OPEN

FAX NUMBER

EMAIL

CAT:

CLASS:

CNTY:

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
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29. DEA INVENTORY
30. PHONED C-II Rx
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32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

F ☐P ☐

28.) Hard copy Rx's Initialed by person who selects medication and RPh. who verifies Rx.

* 29.) Biennial inventory only includes hard counts for C-II meds. CIII-V meds are not included in the inventory conducted 5/1/2011. A complete inventory at all controlled medications must be conducted immediately and a copy included with the pink sheet written response. 32.) Daily authorization by signed documenting positive ID on refill RXs.

Approx 150 Rx's/day 60% new
Rx # 6196057 processed today

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE

DATE

SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

1

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: <u>1/25/2012</u>	T.D.D.D. #: <u>021087150</u>
BOARD AGENT: <u>Edwards</u>	D.E.A. #: <u>BG 6013697</u>

YES NO (Place an X on the appropriate line for each statement below)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- ☒ Key in sealed envelope in safe.
- ☒ All items requiring R.Ph. supervision are inside barricade.
- ☒ Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- ☒ Minimum of seven (7) feet in height.
- ☒ Fully enclosed.
- ☒ Suitable locks are provided.
- ☒ Prescription department cannot be entered when locked without obvious damage to barricade.
- ☒ No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

ELECTRONICS:

- ☒ This is a company-owned system.
If no, leased from who? State Alarm
- ☒ This is a ☒ HARDWIRE / ☐ WIRELESS / ☐ BOTH system. (check one)
- ☒ There is a functional emergency "hold up" button.
- ☒ System is in operation at all times when R.Ph. is not present.
- ☒ Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?
Audible + RPh called at home
- ☒ Only pharmacists possess access code to prescription room.
- ☒ System was tested this date. Date system was last tested? _____
- ☒ Slot is provided for drop-in prescriptions.
- ☒ Suitable notice of operating hours to public is posted.
- ☐ Notice of emergency service is posted.

(continued on Page Two > >)

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:**I have been informed of and understand the following requirements:**

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.

(Signature of R.Ph./Owner)

(Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:

(Signature of Board Agent)

(Title)

Comments:

Fully enclosed barricade with electronic alarm backup.
 Two roll down steel bar gates with key lock. Steel
 entry door with key lock. No drive thru. Three total
 sets of keys including floater set locked in manager office.

Barricade Approved.



GIANT EAGLE PHARMACY #0196
 7980 PLAZA BLVD.
 MENTOR, OH 44060 BG6013697
 (440)602-4013

PHA-0611 (Rev. 04/04)

ALL PLACE STORE STICKERS/TAMP HERE ALL

FAX COVER SHEET

GIANT EAGLE PHARMACY #0196
7960 Plaza Blvd
Mentor OH 44060

Phone 440-602-4013

Fax 440-602-4051

To: LYNNE KOLAS

Fax: 412 968 ~~1610~~ 1552

Reason: COPY OF LAST INSPECTION

Page 1 of 4

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, RM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 021087150 NAME: Giant Eagle #0196 R.P.: Anthony Roje ADDR: 7960 Plaza Blvd. Mentor, OH 44060 CAT: II CLASS: CNTY: Lake	AREA CODE / TELEPHONE NUMBER 440-602-4013 TIME IN 3:30 AM TIME OUT 5:15 AM TYPE FED. # BG-6013697 EXP. DATE 9/30/14 HOURS OPEN M-F 9-9 Sat 9-6 Sun 9-5 FAX NUMBER 440-602-4051 EMAIL
---	--

PERSONNEL	INIT. USED	TITLE / I.D. NO.	PERSONNEL	INIT. USED	TITLE / I.D. NO.
Arue Lebowitz		0213165			
Anthony Roje		15691			

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
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27. PHONED C-IT RX
28. REFILLS-6MO/SX
29. REFILLS-INT/DATE
30. REFILLS-UA
31. COUNSELING
32. PSE SALES
33. OARRS
34. CONFIDENTIALITY

1) OSBP + DEA licenses current + posted 2) OK
 3) PDX software version 4.2.00 ~~three~~ ^{four} terminals for data entry and patient profile searches.
 All Giant Eagle stores connected online for Rx transfer. RPh uses unique bar code for Rx verification - sign in each day and new bar code issued. Daily dispensing authentication log prints out listing all Rx's dispensed.
 4) Fully enclosed barcode. Barcode inspection report completed. 5) OK 6) Electronic alarm backs up physical barcode. 7) RPh has ability to access OSBP website and Ohio drug laws and rules. 8) OK 9) OK

Full ☒ Partial ☐

☒ PINK SHEET ISSUED FOR NUMBER(S): 29

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED. * include biennial inventory

 SIGNATURE OF PERSON IN CHARGE	1-25-12 DATE	 SIGNATURE OF INSPECTOR	1/25/12 DATE
-----------------------------------	-----------------	----------------------------	-----------------

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, RM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4835

TYPE: DDD#: NAME: 021087150 R.P.: ADDR: CAT: CLASS: CNTY:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">AREA CODE / TELEPHONE NUMBER</td> <td style="width: 10%;">TIME IN</td> <td style="width: 10%;">A.M.</td> <td style="width: 10%;">TIME OUT</td> <td style="width: 10%;">A.M.</td> <td style="width: 10%;">P.M.</td> </tr> <tr> <td colspan="2">TYPE</td> <td colspan="2">FED. #</td> <td colspan="2">EXP. DATE</td> </tr> <tr> <td colspan="6">HOURS OPEN</td> </tr> <tr> <td colspan="3">FAX NUMBER</td> <td colspan="3">EMAIL</td> </tr> </table>	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.	P.M.	TYPE		FED. #		EXP. DATE		HOURS OPEN						FAX NUMBER			EMAIL		
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2 of 3

PERSONNEL	INIT. USED	TITLE / I.D. NO.	PERSONNEL	INIT. USED	TITLE / I.D. NO.

1. LICENSING
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32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☐ Partial ☐

(2.) Store maintains 2012 Pharmacy Controlled Drugs Record Box which contains records of accountability including CII-V invoices, unexecuted 222 forms, inventory, power of atty, forms and 4 left/loss documents. McKesson + Amk used as wholesalers. (3.) C-II log book maintained. Inventory conducted monthly. 21) Boxes on floor with bold labels for outdates. 23) C-II Rx's checked. Rx's properly contain prescriber DEA, quantity in alpha & numeric format 26) 4 part filing system - 2's for CII's, 4's for CII-V, 10's for legend drugs, 8's for OTC meds written as a prescription.

☐ PINK SHEET ISSUED FOR NUMBER(S):

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<p style="font-size: 1.5em; margin-left: 50px;">1-25-12</p> <p>SIGNATURE OF PERSON IN CHARGE _____ DATE _____</p>	<p style="font-size: 1.5em; margin-left: 50px;">1/25/12</p> <p>SIGNATURE OF INSPECTOR _____ DATE _____</p>
---	--

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 7 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:
DDD#: 0710871512
NAME:
R.P.:
ADDR:

AREA CODE / TELEPHONE NUMBER TIME IN A.M. TIME OUT A.M.
P.M. P.M.
TYPE FED. # EXP. DATE

HOURS OPEN

FAX NUMBER EMAIL

CAT:
CNTY:

CLASS:

3 of 3

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
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33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

28.) Hard copy Rx's initiated by person who selects medication and RPh. who verifies Rx.

* 29.) Biennial inventory only includes hard copy - 13 for C-II meds. CIII-V meds are not included in the inventory conducted

5/1/2011. A complete inventory of all controlled medications must be conducted immediately and a copy included with the pink sheet

written response. 32.) Daily authentication by signed documenting positive ID on refill RX's.

Approx 150 Rx's/day, 60% new

Rx # 6196057 processed today

F ☐ P ☐

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE

DATE

SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

OCT - 8 2009

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: RTPC	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.
DDD#: 021087150	440-602-4013	2:30	PM	4:00	PM
NAME: Grant Eagle	TYPE	FED. #	EXP. DATE		
R.P.: 1 of 3	Rebel Chem	866013697	9/30/2011		
ADDR: Tony Rojc	HOURS	OPEN			
7160 Plaza Blvd.	M-F 9-9	Sat 9-6 Sun 9-5			
Mentor, OH 44060	FAX NUMBER	EMAIL			
CAT: III	440-602-4051				
CNTY: Lake	CLASS: 05				

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
Anthony Rojc	ASR	03215291	GIANT EAGLE PHARMACY #0196		
Arye Lebowitz	AXL	13165	7960 PLAZA BOULEVARD		
			MENTOR, OH 44060		
			440-602-4013		

- 1. LICENSING
- 2. I.D. CARDS
- 3. RECORD SYSTEM
- 4. BARRICADE
- 5. MIN. STANDARDS
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- 7. LIBRARY
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- 10. ACCOUNTABILITY
- 11. IMPROPER DISPENSING
- 12. INSUFFICIENT SUPERVISION
- 13. INVENTORY RECORDS
- 14. DRUG DESTRUCTION
- 15. ILLEGAL SALES
- 16. ILLEGAL PURCHASES
- 17. SAMPLES
- 20. IMPROPER Rx's
- 21. OUTDATED DRUGS
- 22. DRUG LABELS
- 23. Rx INFORMATION
- 24. OTC/SYRINGES
- 25. Rx FILES
- 27. Rx COPIES
- 28. Rx INT/DATE
- 29. DEA INVENTORY
- 30. PHONED C-II Rx
- 31. REFILLS-6MO/5X
- 32. REFILLS-INT/DATE
- 33. REFILLS-UA
- 37. COUNSELING
- 38. PSE SALES
- 39. OARRS
- 40. CONFIDENTIALITY

1) OSBP ad PDA licenses current and posted.

2) OK. 3) PDX software version 4.6.08 4 terminals for data entry, verification. Grant Eagle stores corrected wa on line, real time system for RX transfers and patient profile back up. Data backup on secure tapes in cash office changed daily. Patient profiles date back over 12 months. Daily dispensing authentication log prints out documenting all RXs verified that day.

4) Fully enclosed barricade - see completed barricade inspection report. 5) OK 6) Electronic barricade backs up physical barricade. Recent theft involving pharmacy tech. OSBP case #09-1556 properly

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IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

	10/1/09		10/1/09
SIGNATURE OF PERSON IN CHARGE	DATE	SIGNATURE OF INSPECTOR	DATE

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

CRISTIANI, JAMES
THAVES, JAMES
CRISTIANI, JAMES
THAVES, JAMES

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, ROOM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 021087150 NAME: R.P.: ADDR: CAT: CNTY:	AREA CODE / TELEPHONE NUMBER TIME IN <div style="text-align: center;">A.M. P.M.</div> TIME OUT <div style="text-align: center;">A.M. P.M.</div> TYPE FED. # EXP. DATE HOURS OPEN FAX NUMBER EMAIL
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2 of 3

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
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39. OARRS
40. CONFIDENTIALITY

F ☐ P ☐

reported when discovered. 7.) fph. demonstrated ability to access Ohio Drug laws and rules on OSBP website. 8.) OK. 9.) OK 10.) DEA 222 forms properly executed upon receiving C-II order from McKesson. Limited CII orders made - approx 2 per month. No wholesale sales being made. 21.) Shelves checked for outdates - none found. 23.) CII - v files checked. Rx's properly contain full name and address of patients. Phone in Rx's properly contains agent full name 26.) 3 part filing system in place 28.) Hard copy Rx's properly initialed by dispensing RPh. 29.) Last DEA biennial inventory completed 5/1/09 at

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

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DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 02108750 NAME: R.P.: ADDR: CAT: CNTY:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">AREA CODE / TELEPHONE NUMBER</td> <td style="width: 10%;">TIME IN</td> <td style="width: 10%;">A.M.</td> <td style="width: 10%;">TIME OUT</td> <td style="width: 10%;">A.M.</td> </tr> <tr> <td></td> <td></td> <td>P.M.</td> <td></td> <td>P.M.</td> </tr> <tr> <td colspan="2">TYPE</td> <td colspan="2">FED. #</td> <td>EXP. DATE</td> </tr> <tr> <td colspan="5">HOURS OPEN</td> </tr> <tr> <td colspan="2">FAX NUMBER</td> <td colspan="3">EMAIL</td> </tr> </table>	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.			P.M.		P.M.	TYPE		FED. #		EXP. DATE	HOURS OPEN					FAX NUMBER		EMAIL		
AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.																						
		P.M.		P.M.																						
TYPE		FED. #		EXP. DATE																						
HOURS OPEN																										
FAX NUMBER		EMAIL																								

3 of 3

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING
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33. REFILLS-UA
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F ☐ P ☐

close of business. 32.) Daily dispensing verification log signed by dispensing RPh. Log lists all RXs filled showing positive ID for refill RXs dispensed. 39.) RPh. signed up for OARRS during inspection - application notarized by this agent.

Approx. 125 RXs/day 50% new
RX#4017468 filled today

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OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: <u>10/1/09</u>	T.D.D.D. #: <u>021087150</u>
BOARD AGENT: <u>Edwards</u>	D.E.A. #: <u>BG6013697</u>

YES NO (Place an X on the appropriate line for each statement below)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- X — Key in sealed envelope in safe.
- X — All items requiring R.Ph. supervision are inside barricade.
- X — Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- X — Minimum of seven (7) feet in height.
- X — Fully enclosed.
- X — Suitable locks are provided.
- X — Prescription department cannot be entered when locked without obvious damage to barricade.
- X — No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

ELECTRONICS:

- X This is a company-owned system.
If no, leased from who? State Alarm
- X — This is a ___ HARDWIRE / X WIRELESS / ___ BOTH system. (check one)
- X — There is a functional emergency "hold up" button.
- X — System is in operation at all times when R.Ph. is not present.
- X — Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?
Audible alarm + R.Ph. called at home
- X — Only pharmacists possess access code to prescription room.
- X System was tested this date. Date system was last tested? _____
- X Slot is provided for drop-in prescriptions.
- X — Suitable notice of operating hours to public is posted.
- Notice of emergency service is posted.

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:**I have been informed of and understand the following requirements:**

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.


 (Signature of R.Ph./Owner)

10/1/09
 (Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:


 (Signature of Board Agent)

Agent
 (Title)

Comments:

Fully enclosed barricade - 2 roll down steel gates with key locks, steel entry door. 3 total sets of keys - one for each RPh plus one floater set in lock box. 2 motion sensors - electronic alarm backs up physical barricade.

Barricade Approved.

PHA-0611 (Rev. 04/04)

GIANT EAGLE PHARMACY #0196
7960 PLAZA BOULEVARD
MENTOR, OH 44060
 ^^ PLACE STAMP HERE ^^
440-602-4013



November 4, 2015

Ohio Board of Pharmacy
77 South High Street
Room 1702
Columbus, OH 43215-6126

To Whom It May Concern:

The following is Giant Eagle's response to the citation issued following the Board of Pharmacy audit on 10/15/2015 at Giant Eagle Pharmacy #0196, TDDD # RTPC.021087150-03.

11-1: Are the pharmacists performing a prospective drug utilization review? The patient in question had been receiving prescriptions at this location for over 1 year. The 2 mg Clonazepam RX was written for a small quantity of 21 tablets from an emergency room physician. It appeared to me that this was a short-term increase in dose over the 1 mg strength that the patient was currently taking until the patient could follow up with their regular physician. Based on the patient's past dispensing history for multiple medical conditions I did not suspect a pattern of abuse. The patient's prescriptions are paid for by a third-party carrier and the claim in question did not reject for early fill of duplicate therapy. Going forward I will make a more concerted effort to more thoroughly investigate the duplicate therapy DUR alerts which are at my disposal in our current pharmacy application. I will also utilize OARRS on a more consistent and frequent basis and document not only on the hard copy of the RX, but also in the computer system, to determine if a pattern of abuse or inappropriate use of control medications is occurring.

18.1- Does the pharmacist rely solely on the dispensing software to perform the DUR for prescription dispensing? In the future, I will continue to use the dispensing software, as well as written resources such as Facts & Comparisons, insurance response, and OARRS when processing control medications or medications that could have a potential for abuse or misuse. I will also use my professional judgement and expertise and make sure that I am properly documenting these action at time of dispensing using our current dispensing software.

39-1: Does the pharmacist have access to OARRS to request reports when needed? Yes. In connection with investigating this matter, Giant Eagle confirmed that it had successfully captured all prescriptions from each retail location that were designated to be sent to the state of Ohio in compliance with their PMP reporting requirements. All records were then electronically transmitted to OARRS with the understanding that absent notification from OARRS that the transaction was rejected, it had successfully loaded into their database. In connection with this investigation regarding an unreported transaction, we discovered an issue with the program which formats the data into the ASP 4.2 format. Although fills that occurred after the initial partial fill were

reported electronically to OARRS, since they were not transmitted with the correct partial/completion designations, the data apparently failed to properly load into OARRS. The system corrections will be completed no later than November 13, 2015. Once corrections to the system are complete, all data previously submitted, but which did not properly load into OARRS will be resubmitted. This process will be completed no later than December 4, 2015.

39-2: Are the pharmacists requesting OARRS reports when appropriate? I will definitely increase efforts to utilize OARRS following the guidelines of The State Board of Pharmacy when appropriate and/or otherwise alerted to do so by our current pharmacy software.

Respectfully,

Charles J. Heppner, RPh
Giant Eagle Pharmacy #0196



State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126

(614) 466-4143 | Fax (614) 752-4836 | <http://www.pharmacy.ohio.gov>

License 021087150 **Giant Eagle Pharmacy 0196**

7960 Plaza Blvd.
Mentor, OH 44060
Lake County

Retail Pharmacy - Large Chain **Category Three** **Full Inspection** **Standard Retail Pharmacy Inspection Guide**

October 15, 2015

Written Response Required

Written Response Required Details

11) Improper Dispensings

- 1) Are the pharmacist performing a prospective Drug Utilization Review?

18.1) DUR software

- 1) Does the pharmacist rely solely on the dispensing software to perform the DUR for prescription dispensing?

39) OARRS

- 2) Are the pharmacists requesting OARRS reports when appropriate?

42) Requested Records

- 1) Requested Records



License 021087150 - Giant Eagle Pharmacy 0196

Full

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836
<http://www.pharmacy.ohio.gov>

Completed by William Trey Edwards

Start 10/15/2015 9:59 AM

End 10/15/2015 12:51 PM

Organization

Name

Giant Eagle Pharmacy 0196

License Type

Retail Pharmacy - Large Chain

Category

Category Three

License Number

021087150

Business Type

Large Chain Pharmacy - 12 Or More Outlets

DEA Number

BG6013697

Responsible Person

Anthony John Rojc, R.Ph.

Hours of Operation

M-F 9a-9p, Sat 9a-7p, Sun 9a-5p

Contact

Address

7960 Plaza Blvd.
Mentor, OH 44060
Lake County

Primary Number

Fax Number

(440) 602-4051

Website

Personnel

<u>Name</u>	<u>Initials</u>	<u>Position</u>	<u>I.D. No.</u>	<u>Phone</u>	<u>Email</u>
Charles Heppner, R.Ph.		Pharmacist	03112354	(440) 602-4013	chuck.heppner@roadrunner.com
Anthony John Rojc, R.Ph.	A.J.R.		03215691		rocketrxman@yahoo.com

1.1) The OSBP License

1) Is the pharmacy TDDD license readily retrievable for inspection?

Yes

2) Is the Pharmacy TDDD license current and up to date?

Yes

3) Has the pharmacy TDDD license been signed by the Responsible Pharmacist?

Yes

4) Have any changes in the pharmacy's ownership, business name, category, or address occurred without notification to the Board of Pharmacy?

No

1.2) The Responsible Person

1) Is there a current Responsible Person for the TDDD license?

Yes

1.3) The DEA Certificate

1) Is the pharmacy's DEA certificate current?

Yes

2) Is the pharmacy's DEA certificate posted for inspection?

Yes

2.1) RPh Wall Certificates

1) Are the pharmacists OSBP wall certificates posted within the pharmacy?

Yes

2.2) ID Cards**1) Have all pharmacists and Pharmacy Interns signed their Board of Pharmacy wallet license?**

Yes

2) Are the pharmacists or pharmacy Interns practicing pharmacy without having their ID card on their person?

No

2.3) Unlicensed Practice Issues**1) Has the practice of pharmacy been performed by any lapsed or unlicensed individual?**

No

3.1) Record Availability**1) Can the pharmacy produce a detailed patient profile for the past 12 months immediately upon request?**

Yes

Observation

Profile obtained for patient in case 2015-1729.

2) Can the pharmacy produce three (3) years of dispensing records within three (3) business days?

Yes

3.3.1) Basic Questions Pertaining To The ARKS**1) What is the name of the Alternative Record Keeping System (ARKS) being used by the pharmacy?**Observation

EPS - Enterprise Pharmacy System

2) What is the operating system for the ARKS?

Windows

Observation

Windows

3) Is the ARKS pharmacy owned, or provided by a third-party vendor?

Third-party vendor

4) What is the current version of the ARKS?Observation

02.06.01.011

3.3.2) Purged ARKS Data**3) Does the pharmacy backup its ARKS?**

Yes

3.3.3) Stand Alone ARKS**1) Is the ARKS a "Stand Alone" system maintained at the licensed pharmacy?**

No

2) How many total ARKS dispensing terminals are there?

5

Observation

5 terminals

3) Are there any ARKS dispensing terminals outside the pharmacy barricade?

No

4) Can access to dispensing data, and/or dispensing functions, be made from any location outside the pharmacy barricade?

No

3.3.4) Shared ARKS**1) Is the shared ARKS "a real time online system", and used for the review and transfer of dispensing data?**

Yes

Observation

Yes

2) Does the pharmacy's real time online ARKS prevent a patient from receiving more dispensings than authorized by the original prescription?

Yes

3.3.5) ARKS Downtime**1) In the event that the ARKS experiences "downtime", is the pharmacy's dispensing process compliant with 4729-5-27(K)?**

Yes

3.3.6) ARKS Record Accuracy**1) Are required records of accountability being kept complete and accurate in the ARKS?**

Yes

3.3.7) True Edit Trails**1) Can dispensing data be permanently removed (deleted) from the ARKS?**

No

Observation

It is not possible to permanently remove (delete) dispensing data from the ARKS.

2) Does the pharmacy's ARKS maintain a "True Edit Trail" of changes made to all required dispensing data?

Yes

Observation

The pharmacy's ARKS maintains a "True Edit Trail" of changes made to all required dispensing data.

3) Can deleted or edited dispensing data be retrieved for inspection by the OSBP?

Yes

Observation

Deleted or edited dispensing data can be retrieved for inspection by the OSBP.

3.3.8) ARKS Security**1) Does the ARKS control the level of access based on duties (Technician vs. Pharmacist)?**

Yes

Observation

The ARKS controls access levels based on pharmacy duties (Technician vs. Pharmacist).

2) Are on-duty pharmacists controlling and supervising ARKS access and use?

Yes

Observation

The on-duty pharmacists are controlling and supervising the ARKS access and use.

3) When logging into the ARKS, what is the security access to dispensing functions?

Username & Password

Fingerprint

3.4) Traditional Paper Positive Identification**1) What is the method of positive ID, for the act of dispensing?**

Manually initialing (or signing), and dating, original Rx's?

Manually signing and dating a daily computerized printout containing refill dispensing data?

3.5) ePositive Identification**1) Is a paperless positive ID system being used that has not been made approvable by the Board of Pharmacy?**

No

3.6) Other Areas Requiring Positive ID**1) Is there positive ID for the practice of pharmacy at data entry?**

Yes

2) Is there positive ID of the practice of pharmacy for DUR?

Yes

3) Is there positive ID for the act of dispensing?

Yes

5) Is there positive ID of the Pharmacist or Intern who administered an adult immunization?

Yes

5) Minimum Standards**1) Is the phone number for poison control readily accessible in the pharmacy?**

Yes

2) Does the pharmacy have the proper equipment to conduct the practice of pharmacy?

Yes

3) Does the pharmacy have enough drug stock fill most prescription requests?

Yes

4) Does the pharmacy have the containers necessary to dispense a variety of medication types and sizes?

Yes

5) Is there adequate space and fixtures within the pharmacy barricade to effectively operate a retail pharmacy?

Yes

6) Are the pharmacy operating hours posted in plain view for the public to see?

Yes

7) Is there evidence to indicate a problem with staffing levels?

No

8) Are the pharmacy employees wearing name tags with their job title?

Yes

6) Security**1) Is the security of the pharmacy drug stock adequate to detect and deter drug theft and diversion?**

Yes

2) Are all of the pharmacy's drug stocks kept within the pharmacy barricade?

Yes

5) Has the pharmacy experienced any drug thefts or losses in the last three (3) years?

No

6) Drug Theft or Loss StatementObservation

Any theft or significant loss of drugs must be reported, by telephone, to the Board of Pharmacy and local law enforcement immediately upon discovery. If a controlled substance the DEA must be notified as well using a DEA-106 form.

7) Library**1) Does the pharmacy have an up to date "Drug Laws of Ohio" book, or an online resource to access the required information?**

Yes

2) Does the pharmacist have access to the paper/electronic references necessary to appropriately practice pharmacy?

Yes

8) Cleanliness**1) Is the pharmacy clean and well lit?**

Yes

9) Refrigeration**1) Are all pharmacy refrigerators and/or freezers in good working order with an adequate system in place to ensure that the medications stored within are stored at appropriate temperatures?**

Yes

10.1) Drug Ordering Procedeures

1) Is the pharmacy using paper DEA-222 order forms, or are they using an electronic DEA-222 ordering system being used?

Electronic DEA-222 ordering system is being used.

Observation

Began using e222's in May 2015.

10.3) Electronic C-II drug order receipt

1) When using an electronic drug ordering system, is the pharmacy creating a record of receipt that is electronically linked to the original order?

Yes

10.4) Wholesale information

1) Who are the wholesale drug distributors utilized by this pharmacy?

Observation

McKesson is the primary wholesaler and Anda is used occasionally.

11) Improper Dispensings*** 1) Are the pharmacist performing a prospective Drug Utilization Review? Written Response Required**

No

Observation

Rx# 4031657 was filled on 9/25/2015 for clonazepam 2mg #21. The prescription was filled for the total quantity of 21 tablets using two different NDC's. The patient had previously filled a prescription (Rx# 4031577) for clonazepam 1mg #90 on 9/3/2015. This prescription was still current and active at the time Rx# 4031657 was filled. The pharmacist received a DUR warning for therapeutic duplication and completed a DUR override without taking any documented steps to resolve the issue. Neither of the prescribers were called, an OARRS report was not run and there is no documentation that the patient was counseled about taking an increased dose of the medication.

Corrective Action**(OAC 4729-5-20)**

(A) Prior to dispensing any prescription, a pharmacist shall review the patient profile for the purpose of identifying:

- (1) Over-utilization or under-utilization;
- (2) Therapeutic duplication;
- (3) Drug-disease state contraindications;
- (4) Drug-drug interactions;
- (5) Incorrect drug dosage;
- (6) Drug-allergy interactions;
- (7) Abuse/misuse;
- (8) Inappropriate duration of drug treatment;
- (9) Food-nutritional supplements-drug interactions.

(B) Upon recognizing any of the above, a pharmacist, using professional judgment, shall take appropriate steps to avoid or resolve the potential problem. These steps may include requesting and reviewing an OARRS report or another state's report if applicable and available, and/or consulting with the prescriber and/or counseling the patient.

(C) Prospective drug utilization review shall be performed using predetermined standards consistent with, but not limited to, any of the following:

- (1) Peer-reviewed medical literature (that is, scientific, medical, and pharmaceutical publications in which original manuscripts are rejected or published only after having been critically reviewed by unbiased independent experts);
- (2) American hospital formulary service drug information;
- (3) United States pharmacopoeia drug information;
- (4) American medical association evaluations.

(D) Prior to dispensing a prescription, at a minimum, a pharmacist shall request and review an OARRS report covering at least a one year time period and/or another state's report, where applicable and available, if a pharmacist becomes aware of a person currently:

- (1) Receiving reported drugs from multiple prescribers;
 - (4) Requesting the dispensing of reported drugs from a prescription issued by a prescriber with whom the pharmacist is unfamiliar (i.e. prescriber is located out-of-state or prescriber is outside the usual pharmacy geographic prescriber care area);
- or.
- (3) Abusing or misusing reported drugs (i.e. over-utilization, early refills, appears overly sedated or intoxicated upon presenting a prescription for a reported drug, or an unfamiliar patient requesting a reported drug by specific name, street name, color, or identifying marks);
 - (2) Receiving reported drugs for more than twelve consecutive weeks;

2) Is the pharmacy using the correct NDC number when dispensing drugs?

Yes

12) Insufficient Supervision**1) Is there pharmacist supervision of the dangerous drugs and other pharmacy employees at all times while the pharmacy is open and operating?**

Yes

2) Are only pharmacists performing tasks requiring professional judgment?

Yes

13) Inventory Records**1) Are all records and invoices pertaining to the pharmacy's drug stock on hand for review?**

Yes

2) Does the pharmacy keep a perpetual C-II drug inventory?

Yes, the pharmacy keeps a perpetual C-II drug inventory and it appears to be accurate.

16) Illegal Purchases**1) Verify Licenses of Distributors/Wholesalers**

Yes

17) Samples**1) Is there any evidence of prescription drug samples in the pharmacy?**

No

Observation

No prescription drug samples found.

18.1) DUR software*** 1) Does the pharmacist rely solely on the dispensing software to perform the DUR for prescription dispensing?****Written Response Required**

Yes

Observation

R.Ph. who filled Rx# 4031657 stated he relied on the insurance billing function on the computer to determine if the prescription was ok to fill. When the insurance allowed the claim to process, he overrode the software DUR. When a DUR warning appears, i.e. therapeutic duplication, the R.Ph. must take appropriate steps to resolve the DUR issue, if necessary, such as contacting the provider, running an OARRS report or counseling the patient.

Corrective Action**(OAC 4729-5-20)**

(A) Prior to dispensing any prescription, a pharmacist shall review the patient profile for the purpose of identifying:

- (1) Over-utilization or under-utilization;
- (2) Therapeutic duplication;
- (3) Drug-disease state contraindications;
- (4) Drug-drug interactions;
- (5) Incorrect drug dosage;
- (6) Drug-allergy interactions;
- (7) Abuse/misuse;

(8) Inappropriate duration of drug treatment;

(9) Food-nutritional supplements-drug interactions.

(B) Upon recognizing any of the above, a pharmacist, using professional judgment, shall take appropriate steps to avoid or resolve the potential problem. These steps may include requesting and reviewing an OARRS report or another state's report if applicable and available, and/or consulting with the prescriber and/or counseling the patient.

(C) Prospective drug utilization review shall be performed using predetermined standards consistent with, but not limited to, any of the following:

- (1) Peer-reviewed medical literature (that is, scientific, medical, and pharmaceutical publications in which original manuscripts are rejected or published only after having been critically reviewed by unbiased independent experts);
- (2) American hospital formulary service drug information;
- (3) United States pharmacopoeia drug information;
- (4) American medical association evaluations.

(D) Prior to dispensing a prescription, at a minimum, a pharmacist shall request and review an OARRS report covering at least a one year time period and/or another state's report, where applicable and available, if a pharmacist becomes aware of a person currently:

- (1) Receiving reported drugs from multiple prescribers;
 - (4) Requesting the dispensing of reported drugs from a prescription issued by a prescriber with whom the pharmacist is unfamiliar (i.e. prescriber is located out-of-state or prescriber is outside the usual pharmacy geographic prescriber care area);
- or.
- (3) Abusing or misusing reported drugs (i.e. over-utilization, early refills, appears overly sedated or intoxicated upon presenting a prescription for a reported drug, or an unfamiliar patient requesting a reported drug by specific name, street name, color, or identifying marks);
 - (2) Receiving reported drugs for more than twelve consecutive weeks;

19) Errors in Dispensing**1) How are dispensing errors being documented by the pharmacy?**

Errors are documented as an electronic report? (Document observations)

20) Improper Rx's**1) Are the prescriptions on file written in compliance with 4729-5-30?**

Yes

26) Prescription Files**1) Are the prescriptions dispensed by the pharmacy being filed in three separate files?**

Yes

2) Are the prescription files in good order and are prescriptions being filed in a timely manner?

Yes

28) Rx's Initialed & Dated**1) Are pharmacists initialing and dating prescriptions when required?**

Yes

29) Annual Drug Inventory**1) Has an annual drug inventory been completed within the specified time period?**

Yes

Observation

Effective January 1, 2015, Ohio Administrative Code Rule 4729-9-14 requires each prescriber or terminal distributor of dangerous drugs to take inventory of all stocks of controlled substances on hand every year following the date on which the initial inventory is taken. This is a change from the previous version of the rule that required a controlled substance inventory every two years.

Last inventory completed 5/1/2015 before business open by Anthony Rojc, R.Ph.

32) Refills (Initialed & Dated)**1) Are the pharmacist signing the daily printouts? This also includes initialling bound refill logs.**

Yes

37) Counseling**1) Is Patient counseling being offered with every prescription?**

Yes

39) OARRS**1) Does the pharmacist have access to OARRS to request reports when needed?**

Yes

*** 2) Are the pharmacists requesting OARRS reports when appropriate? Written Response Required**

No

Observation

The patient associated with case 2015-1729 started filling prescriptions for controlled substances at this pharmacy on 8/1/2015. Since that time the patient has filled ten prescriptions from five different prescribers for controlled substances. There is no record of anyone at this pharmacy ever running an OARRS report on him.

A search of the OARRS database indicates that R.Ph. Heppner has not run a single OARRS report since July 24, 2015. R.Ph. Rojc has only run two reports during that time. The pharmacy has filled hundreds of prescriptions for controlled substances during that time.

Corrective Action**(OAC 4729-5-20)**

(D) Prior to dispensing a prescription, at a minimum, a pharmacist shall request and review an OARRS report covering at least a one year time period and/or another state's report, where applicable and available, if a pharmacist becomes aware of a person currently:

- (1) Receiving reported drugs from multiple prescribers;
- (2) Receiving reported drugs for more than twelve consecutive weeks;
- (3) Abusing or misusing reported drugs (i.e. over-utilization, early refills, appears overly sedated or intoxicated upon presenting a prescription for a reported drug, or an unfamiliar patient requesting a reported drug by specific name, street name, color, or identifying marks);
- (4) Requesting the dispensing of reported drugs from a prescription issued by a prescriber with whom the pharmacist is unfamiliar (i.e. prescriber is located out-of-state or prescriber is outside the usual pharmacy geographic prescriber care area); or.
- (5) Presenting a prescription for reported drugs when the patient resides outside the usual pharmacy geographic patient population. After obtaining an initial OARRS report on a patient, a pharmacist shall use professional judgment based on prevailing standards of practice in deciding the frequency of requesting and reviewing further OARRS reports and/or other states' reports for that patient. In the rare event a report is not immediately available, the pharmacist shall use professional judgment in determining whether it is appropriate and in the patient's best interest to dispense the prescription prior to receiving and reviewing a report.

42) Requested Records*** 1) Requested Records Written Response Required**Observation

(OAC 4729-5-27) The following record keeping requirements do not apply to records relating to the practice of pharmacy for an inpatient as defined in rule 4729-17-01 of the Administrative Code.

(G) All computerized record keeping systems must be capable of providing immediate retrieval (via CRT display and hard copy printout or other mutually agreeable transfer medium) of patient profile information for all prescriptions filled within the previous twelve months and retrieval within three working days, excluding weekends and holidays, of all prescriptions dispensed within the previous three years. This information shall include at least, but is not limited to, the following data:

The below listed original prescriptions were removed from the pharmacy related to case 2015-1729. A hand written receipt was left with R.Ph. Heppner for each prescription.

Rx# 4031456

Rx# 4031476

Rx# 4031477

Rx# 2009861

Rx# 4031576

Rx# 4031577

Rx# 4031657

Rx# 4031696

Corrective Action

The pharmacy must produce, within three (3) business days (in a mutually acceptable format), any records of accountability or dispensing, to the Board of Pharmacy upon request.

*Please provide dispensing data for all controlled substances filled at this pharmacy between 8/1/2015-10/14/2015. This information can be emailed to Agent Edwards at trey.edwards@pharmacy.ohio.gov

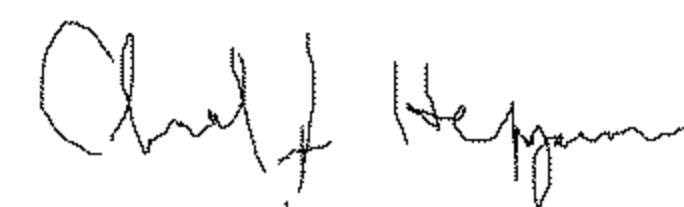
44) Inspection Affirmation**1) Inspection Affirmation**Observation

As the on-duty pharmacist, at the time of this inspection, I affirm that I have reviewed this inspection report with the Specialist/Agent, and understand its content. If this inspection report requires a written response of corrective action, the response shall be provided to the Ohio State Board of Pharmacy within 20 days of this inspection. I understand that if I am not the Responsible Person documented on this site's Ohio TDDD license, I will ensure the Responsible Person is notified of this inspection report and any corrective actions required.

Summary**Written Response Required**

The Organization shall correct items and return a written response, with details on the corrective action(s) taken, to the board office within 20 days from date issued.

Reviewed by Charles Heppner, R.Ph.



(signature)



State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126

(614) 466-4143 | Fax (614) 752-4836 | <http://www.pharmacy.ohio.gov>

License 021087150 **Giant Eagle Pharmacy 0196**

7960 Plaza Blvd.
Mentor, OH 44060
Lake County

Retail Pharmacy - Large Chain **Category Three** **Partial Inspection** **Standard Retail Pharmacy Inspection Guide**

October 15, 2015

Written Response Required

Written Response Required Details

39) OARRS

- 1) Does the pharmacist have access to OARRS to request reports when needed?



License 021087150 - Giant Eagle Pharmacy 0196

Partial

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836
<http://www.pharmacy.ohio.gov>

Completed by William Trey Edwards
Start 10/15/2015 1:38 PM
End 10/15/2015 2:03 PM

Organization

Name Giant Eagle Pharmacy 0196	License Type Retail Pharmacy - Large Chain	Category Category Three
License Number 021087150	Business Type Large Chain Pharmacy - 12 Or More Outlets	DEA Number BG6013697
Responsible Person Anthony John Rojc, R.Ph.	Hours of Operation M-F 9a-9p, Sat 9a-7p, Sun 9a-5p	

Contact

Address 7960 Plaza Blvd. Mentor, OH 44060 Lake County	Primary Number (440) 602-4013	Fax Number (440) 602-4051	Website
---	---	-------------------------------------	----------------

Personnel

Name	Initials	Position	I.D. No.	Phone	Email
Charles Heppner, R.Ph.		Pharmacist	03112354	(440) 602-4013	chuck.heppner@roadrunner.com
Anthony John Rojc, R.Ph.	A.J.R.		03215691		rocketrxman@yahoo.com

39) OARRS*** 1) Does the pharmacist have access to OARRS to request reports when needed? Written Response Required**

Yes

Observation

This issue is an addendum to the Full Inspection completed earlier this date.

Regarding Rx# 4031657, this prescription was filled using two separate NDC numbers. Eleven (11) tablets were filled under NDC 00603295021 and ten (10) tablets were filled under NDC 00228300511. Only the quantity of ten (10) tablets was reported to the OARRS database. The other quantity of eleven (11) appears on the daily printout as well as on the patient profile, however it was not properly reported to OARRS.

Corrective Action

Giant Eagle must correct their software to ensure that individual prescriptions filled with multiple NDC numbers are properly reported to the OARRS database. See OAC 4729-37-04 below:

4729-37-04 Information required for submission.

(A) Pharmacies pursuant to paragraphs (A) and (B) of rule 4729-37-03 of the Administrative Code that dispense drugs identified in rule 4729-37-02 of the Administrative Code to outpatients residing in this state must report the following dispensing information to the board of pharmacy:

- (1) Pharmacy drug enforcement administration registration number. If not applicable, another mutually acceptable identifier;
- (2) Pharmacy name;
- (3) Pharmacy address;
- (4) Pharmacy telephone number;
- (5) Patient full name;
- (6) Patient residential address;
- (7) Patient telephone number;
- (8) Patient date of birth;
- (9) Patient gender;
- (10) Prescriber's full name (first name and last name)
- (11) Prescriber's drug enforcement administration registration number. If not applicable, another mutually acceptable identifier;
- (12) Date prescription was issued by the prescriber;
- (13) Date the prescription was dispensed by the pharmacy;
- (14) Indication of whether the prescription dispensed is new or a refill;
- (15) Number of the refill being dispensed;
- (16) National drug code of the actual drug dispensed;
- (17) Quantity of drug dispensed;
- (18) Number of days' supply of drug dispensed;
- (19) Serial or prescription number assigned to the prescription order;
- (20) Source of payment for the prescription that indicates one of the following: private pay (cash), medicaid, medicare, commercial insurance, or workers' compensation ;
- (21) Pharmacy national provider identification (NPI) number; and
- (22) Prescriber's national provider identification (NPI) number, unless the prescriber is a licensed veterinarian as defined in section 4741.01 of the Revised Code.

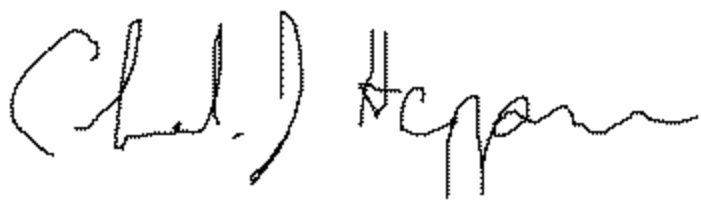
(B) Prescribers pursuant to paragraph (E) of rule 4729-37-03 of the Administrative Code that personally furnish drugs identified in rule 4729-37-02 of the Administrative Code to outpatients must report the following dispensing information to the board of pharmacy:

- (1) Prescriber drug enforcement administration registration number. If not applicable, another mutually acceptable identifier;
- (2) Prescriber full name (first and last name);
- (3) Prescriber address;
- (4) Prescriber telephone number;
- (5) Patient full name;
- (6) Patient residential address;
- (7) Patient telephone number;
- (8) Patient date of birth;
- (9) Patient gender;
- (10) Date the drug was personally furnished by the prescriber;
- (11) National drug code of the actual drug dispensed;
- (12) Quantity of drug dispensed;
- (13) Number of days' supply of drug dispensed; and
- (14) Source of payment for the prescription that indicates one of the following: private pay (cash), medicaid, medicare, commercial insurance, or workers' compensation.

Summary

Written Response Required

The Organization shall correct items and return a written response, with details on the corrective action(s) taken, to the board office within 20 days from date issued.

Reviewed by Charles Heppner, R.Ph. 

(signature)



State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126

(614) 466-4143 | Fax (614) 752-4836 | <http://www.pharmacy.ohio.gov>

License 021087150

Giant Eagle Pharmacy #0196

7960 Plaza Blvd.
Mentor, OH 44060
Lake County

Terminal - Pharmacy - Category 3

Retail Pharmacy Inspection

April 9, 2019



License 021087150 - Giant Eagle Pharmacy #0196

Full

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
 (614) 466-4143 | Fax (614) 752-4836
<http://www.pharmacy.ohio.gov>

Completed by Kimberly Hollingshead

Start 4/9/2019 1:27 PM

End 4/9/2019 2:14 PM

Organization

Name

Giant Eagle Pharmacy #0196

License Type

Terminal - Pharmacy - Category 3

Category
License Number

021087150

Business Type

IL - Large Chain Retail (12+ Outlets)

DEA Number

BG6013697

Responsible Person

Hilary Markowski

Hours of Operation

Mon-Fri: 9a-9p; Sat: 9a-7p; Sun: 9a-5p

Contact

Address

7960 Plaza Blvd.
 Mentor, OH 44060
 Lake County

Primary Number

(440) 602-4013

Fax Number

(440) 602-4051

Website

Personnel

Name

Hilary Markowski

Initials
Position

Pharmacist

I.D. No.

03225388

Phone
Email

1.1) SOBP License

1) Is the pharmacy TDDD license readily retrievable for inspection?

Yes

Observation

This is a partial inspection of approve a new pharmacy location for Giant Eagle #0196. The store is moving into a new location at 8383 Tyler Blvd, Mentor, OH 44060. The store number will change from #0196 to #1282 with the move as well. The pharmacy is scheduled to move to the new location: May 9, 2019. Pharmacy will be closing at 3pm on the day of the move and will reopen at the new location at 9am the next morning.

When move officially occurs the official information will be:

Giant Eagle Pharmacy #1282

8383 Tyler Blvd

Mentor, OH 44060

Responsible Person: Hilary Markowski, PharmD

When pharmacy receives last shipment of medications and last dispensing of medication at current location, notify board of pharmacy that they pharmacy is officially moving to new location.

2) Is the Pharmacy TDDD license current and up to date?

Yes

1.2) Responsible Person

1) Is there a current Responsible Person for the TDDD license?

Yes

2) Have changes in the pharmacy's "Responsible Person" been properly reported to the SOBP?

Yes

Observation

The pharmacy will have a change of responsible person effective the same day as the move. On the date of move the responsible person will change to Hilary Markowski, PharmD.

A change of responsible person will need to be filed for the change of responsible person:

pharmacy.ohio.gov> Licensing/CE > Terminal Distributor> Forms> General > Change of Responsible Person Form

1.3) DEA Certificate

1) Is the pharmacy's DEA certificate current?

Yes

Observation

DEA license is at the current location. DEA registration will be moved to the new location.

3.1) Physical Barricade

1) Does the pharmacy have a fully enclosed barricade or an open air barricade?

Fully Enclosed Barricade

Observation

Pharmacy is fully enclosed with one large window on the front face. There is a 2 lane drive thru window (the far lane has a tube system and will be used for drop-off of prescriptions only.) There is a consultation room that is not attached to the pharmacy that has one entry door on the front face. The consultation room will be used for MTM and vaccination.

2) Are adequate locks provided for the pharmacy barricade?

Yes

3) Are all of the keys (except for floater keys) to the pharmacy barricade under pharmacist control?

Yes

4) If the pharmacy has the "floater" keys, are they secure and tamper evident?

Yes

5) Does the Responsible Pharmacist routinely check the floater key to ensure continual security and tamper evidence?

Yes

6) When in use, does the pharmacy barricade secure all items requiring pharmacist supervision?

Yes

7) When the barricade is in use can the pharmacy be entered without making obvious damage to the barricade?

No

8) Was the barricade, or changes to the barricade, put into use before receiving Board of Pharmacy approval?

No

9) When the pharmacy is closed, do any non-pharmacist personnel have access to any items, products, or equipment stored within the pharmacy barricade?

No

10) Does the pharmacy have a "drop box" where new prescription and/or refill prescription orders can be deposited when no pharmacist is present?

No

3.2) Electronic Barricade**1) Was the pharmacy alarm tested during this inspection?**

Yes

Observation

Alarm was tested during inspection and detected entry into the pharmacy immediately

2) Who owns the pharmacy alarm system?

The Pharmacy

3) Who monitors the pharmacy alarm and what is their phone number?Observation

State Alarm

4) Does anyone other than a pharmacist have the code or the key to the alarm system?

No

5) Does each pharmacist have their own individualized alarm code?

Yes

6) Who assigns and/or deactivates the alarm codes when necessary?Observation

Giant Eagle Loss Prevention

7) Do the alarm codes get changed every so many days or do they always stay the same?Observation

Codes stay the same

8) Is the alarm a hard wired alarm, wireless, or both?

Hard wired into the pharmacy.

9) Does the alarm detect entry into the pharmacy?

Yes

10) Can the alarm system be bypassed when in use?

No

11) Does the pharmacy have documentation on alarm testing?

Yes

Observation

Alarm was tested this day April 9, 2019.

5) *Security***3) Are all records of accountability that are stored outside of the pharmacy barricade but within the same physical location secure and tamper evident?**

No

Observation

Pharmacy does not yet have a defined area for storage outside the pharmacy barricade

28) *Annual Drug Inventory***1) Has an annual drug inventory been completed within the specified time period?**

Yes

Observation

An complete inventory will take place on official date of move by the previous responsible person and new responsible person. This inventory will act as the closing inventory of the previous store and opening inventory of new store, as well as, the change of responsible person inventory. This will also count as the Annual Controlled Drug Inventory for 2019.

41) Points of Emphasis**1) The below listed items are some select points to remember while overseeing and conducting the practice of pharmacy.**Observation

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.

45) Inspection Affirmation**1) Inspection Affirmation**Observation

As the on-duty pharmacist, at the time of this inspection, I affirm that I have reviewed this inspection report with the Specialist/Agent/Inspector, and understand its content. If this inspection report requires a written response of corrective action, the response shall be provided to the Ohio State Board of Pharmacy within 30 days of this inspection. I understand that if I am not the Responsible Person documented on this site's Ohio TDDD license, I will ensure the Responsible Person is notified of this inspection report and any corrective actions required. Responses can be emailed (with a copy of the inspection report) to writtenresponse@pharmacy.ohio.gov or they may be mailed to 77 South High Street, 17th Floor, Columbus, Ohio 43215.

Summary**No Issue Found****Reviewed by** Hilary Markowski

(signature)



State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126

(614) 466-4143 | Fax (614) 752-4836 | <http://www.pharmacy.ohio.gov>

License 021087150

Giant Eagle Pharmacy #0196

7960 Plaza Blvd.
Mentor, OH 44060
Lake County

Retail Pharmacy-Large Chain

Category Three

Retail Pharmacy Inspection

January 30, 2017

Written Response Required

Written Response Required Details

40) Confidentiality

- 1) Are there any known issues pertaining to patient confidentiality?



License 021087150 - Giant Eagle Pharmacy #0196

Full

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836
<http://www.pharmacy.ohio.gov>

Completed by Katie Stabi, R.Ph.

Start 1/30/2017 2:30 PM

End 1/30/2017 3:45 PM

Organization

Name

Giant Eagle Pharmacy #0196

License Type

Retail Pharmacy-Large Chain

Category

Category Three

License Number

021087150

Business Type

Large Chain Pharmacy - 12 or More Outlets

DEA Number

BG6013697

Responsible Person

Anthony John Rojc, RPH

Hours of Operation

M-F 9-9, Sat 9-6, Sun 9-5

Contact

Address

7960 Plaza Blvd.
Mentor, OH 44060
Lake County

Primary Number

(440) 602-4013

Fax Number

(440) 602-4051

Website

Personnel

Name

Anthony John Rojc, RPH

Initials

Position

I.D. No.

03215691

Phone

(440) 974-8967

Email

rocketrxman@yahoo.com

1.1) The OSBP License

1) Is the pharmacy TDDD license readily retrievable for inspection?

Yes

2) Is the Pharmacy TDDD license current and up to date?

Yes

3) Has the pharmacy TDDD license been signed by the Responsible Pharmacist?

Yes

4) Have any changes in the pharmacy's ownership, business name, category, or address occurred without notification to the Board of Pharmacy?

No

1.2) The Responsible Person

1) Is there a current Responsible Person for the TDDD license?

Yes

1.3) The DEA Certificate

1) Is the pharmacy's DEA certificate current?

Yes

Observation

BG6013697 Exp 9/30/17

2) Is the pharmacy's DEA certificate posted for inspection?

Yes

2.1) RPh Wall Certificates

1) Are the pharmacists OSBP wall certificates posted within the pharmacy?

Yes

3.1) Record Availability**1) Can the pharmacy produce a detailed patient profile for the past 12 months immediately upon request?**

Yes

2) Can the pharmacy produce three (3) years of dispensing records within three (3) business days?

Yes

3.3.1) Basic Questions Pertaining To The ARKS**1) What is the name of the Alternative Record Keeping System (ARKS) being used by the pharmacy?**Observation

Enterprise Pharmacy System (EPS)/PDX

3) Is the ARKS pharmacy owned, or provided by a third-party vendor?

Third-party vendor

3.3.6) ARKS Record Accuracy**1) Are required records of accountability being kept complete and accurate in the ARKS?**

Yes

3.4) Traditional Paper Positive Identification**1) What is the method of positive ID, for the act of dispensing?**

The Pharmacy uses a paperless process that was made approvable by the OSBP.

Observation

Observed pharmacy positive ID process is electronic with biometric ID at data entry, DUR, product verification, and counseling.

3.5) ePositive Identification**1) Is a paperless positive ID system being used that has not been made approvable by the Board of Pharmacy?**

No

3.6) Other Areas Requiring Positive ID**1) Is there positive ID for the practice of pharmacy at data entry?**

Yes

2) Is there positive ID of the practice of pharmacy for DUR?

Yes

3) Is there positive ID for the act of dispensing?

Yes

4) Is there positive ID for patient counseling?

Yes

5) Is there positive ID of the Pharmacist or Intern who administered an adult immunization?

Yes

Observation

Discussed immunization process and protocol. Positive ID is done by wet ink signature.

5) Minimum Standards**1) Is the phone number for poison control readily accessible in the pharmacy?**

Yes

2) Does the pharmacy have the proper equipment to conduct the practice of pharmacy?

Yes

3) Does the pharmacy have enough drug stock fill most prescription requests?

Yes

4) Does the pharmacy have the containers necessary to dispense a variety of medication types and sizes?

Yes

5) Is there adequate space and fixtures within the pharmacy barricade to effectively operate a retail pharmacy?

Yes

6) Are the pharmacy operating hours posted in plain view for the public to see?

Yes

7) Is there evidence to indicate a problem with staffing levels?

No

8) Are the pharmacy employees wearing name tags with their job title?

Yes

6) Security**1) Is the security of the pharmacy drug stock adequate to detect and deter drug theft and diversion?**

Yes

2) Are all of the pharmacy's drug stocks kept within the pharmacy barricade?

Yes

5) Has the pharmacy experienced any drug thefts or losses in the last three (3) years?

No

6) Drug Theft or Loss StatementObservation

Any theft or significant loss of drugs must be reported, by telephone, to the Board of Pharmacy and local law enforcement immediately upon discovery. If a controlled substance the DEA must be notified as well using a DEA-106 form.

7) Library**1) Does the pharmacy have an up to date "Drug Laws of Ohio" book, or an online resource to access the required information?**

Yes

2) Does the pharmacist have access to the paper/electronic references necessary to appropriately practice pharmacy?

Yes

Observation

Discussed electronic access to Facts and Comparisons and Ohio Drug Laws

8) Cleanliness**1) Is the pharmacy clean and well lit?**

Yes

9) Refrigeration**1) Are all pharmacy refrigerators and/or freezers in good working order with an adequate system in place to ensure that the medications stored within are stored at appropriate temperatures?**

Yes

Observation

Observed refrigerator with drugs only and thermometer. Refrigerator is checked twice a day. All data is logged electronically and maintained at Giant Eagle Corporate.

10.1) Drug Ordering Procedeures**1) Is the pharmacy using paper DEA-222 order forms, or are they using an electronic DEA-222 ordering system being used?**

Electronic DEA-222 ordering system is being used.

Observation

Discussed both RPh have power of attorney to order.

10.4) Wholesale information**1) Who are the wholesale drug distributors utilized by this pharmacy?**Observation

McKesson and Anda

13) Inventory Records**2) Does the pharmacy keep a perpetual C-II drug inventory?**

Yes, the pharmacy keeps a perpetual C-II drug inventory and it appears to be accurate.

Observation

Discussed a monthly inventory is completed on controlled substances. Observed the perpetual inventory and monthly inventory completed.

22) Drug Labels**1) Are the pharmacy prescription labels in compliance with OAC 4729-5-16?**

Yes

24) OTC's & Syringes**1) Does the pharmacy store over the counter medications within the pharmacy barricade?**

Yes

2) Are syringes stored in the pharmacy and kept out of obvious public view?

Yes

26) Prescription Files**1) Are the prescriptions dispensed by the pharmacy being filed in three separate files?**

Yes

Observation

Observed the pharmacy keeps four files for prescriptions.

29) Annual Drug Inventory**1) Has an annual drug inventory been completed within the specified time period?**

Yes

Observation

Inventory completed 5/1/16 at opening of business

30.1) Phoned in/oral prescriptions**1) Are only pharmacists and supervised pharmacy interns taking oral prescriptions?**

Yes

Observation

Observed pharmacist taking oral prescriptions.

2) Are emergency C-II prescriptions being dispensed appropriately?

No

Observation

Discussed with RP that emergency CII prescriptions are not filled at this pharmacy.

34.1) Requirements to administer immunizations**1) Do all pharmacists or pharmacy interns who are administering immunizations meet the requirements to administer them?**

Yes

34.4) Positive Identification

1) Is there positive identification of the pharmacist and/or pharmacy Intern who provided an immunization?e pharmacist during data entry verification and DUR review?

Yes

34.5) Record keeping requirements

1) Are immunization records properly maintained?

Yes

35.1) Pharmacy Interns

1) Does the pharmacy currently employ pharmacy Interns?

No

36) Qualified Pharmacy Technicians (QPT)

1) Does anyone other than a pharmacist or Qualified Pharmacy Technician package, label, or compound dangerous drugs while working in the pharmacy?

No

2) Do all Qualified Pharmacy Technicians meet the minimum standards set forth in OAC 4729-4-02 and 4729-4-03?

Yes

3) Have criminal records checks been performed on all pharmacy technicians intending to preform qualified tech duties?

Yes

Observation

Discussed that FBI/BCI background checks were performed.

37) Counseling

1) Is Patient counseling being offered with every prescription?

Yes

2) Is the refusal of counseling by the patient or caregiver being documented?

Yes

Observation

Discussed the refusal or acceptance of counseling is documented by patient/caregiver signing at prescription pick-up.

39) OARRS

1) Does the pharmacist have access to OARRS to request reports when needed?

Yes

2) Are the pharmacists requesting OARRS reports when appropriate?

Yes

Observation

Discussed OARRS reports and frequency of running them. Observed the "When to Check OARRS-Pharmacists" posted at the pharmacist terminal as a reminder of when OARRS should be checked.

3) Are any of the Pharmacists using delegates to request OARRS reports?

No

40) Confidentiality

*** 1) Are there any known issues pertaining to patient confidentiality? Written Response Required**

Yes

Observation

It was reported to SOBP that responsible person Anthony Rojc, R.Ph. improperly accessed an individual's prescription profile. This person was not a patient at this pharmacy. During the course of this inspection this issue was discussed with R.Ph. Rojc. The incident is being investigated as SOBP case #2016-2488.

Corrective Action

Please respond with corrective action to be taken to ensure patient PHI is not improperly accessed in the future.

42) Points of Emphasis**1) The below listed items are some select points to remember while overseeing and conducting the practice of pharmacy.**Observation

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.

44) OSBP Personnel**1) The following OSBP personnel were present during this inspection.**Observation

Inspection completed with Agent Trey Edwards

45) Inspection Affirmation**1) Inspection Affirmation**Observation

As the on-duty pharmacist, at the time of this inspection, I affirm that I have reviewed this inspection report with the Specialist/Agent, and understand its content. If this inspection report requires a written response of corrective action, the response shall be provided to the Ohio State Board of Pharmacy within 30 days of this inspection. I understand that if I am not the Responsible Person documented on this site's Ohio TDDD license, I will ensure the Responsible Person is notified of this inspection report and any corrective actions required. Responses can be emailed (with a copy of the inspection report) to writtenresponse@pharmacy.ohio.gov or they may be mailed to 77 South High Street, 17th Floor, Columbus, Ohio 43215.

Summary**Written Response Required**

The Organization shall correct items and return a written response, with details on the corrective action(s) taken, to the board office within 20 days from date issued.

Reviewed by Anthony John Rojc, RPH



(signature)

01-21-03A09:09 RCVD

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

STATE BOARD OF PHARMACY, 77 SOUTH HIGH STREET, ROOM 1702, COLUMBUS, OHIO 43215-6126 · PHONE 614/466-4143; FAX 614/752-4836

TYPE: 02-1158550P	PHONE (INCLUDE AREA CODE) 440-944-6963	TIME IN 1:15 P.M.	TIME OUT 2:15 P.M.
DDD#: GIANT EAGLE PH #216	TYPE 05 (RETAIL)	FED # BG655547	EXP DATE 9-30-05
NAME: 30320 LAKE SHORE DR	HOURS OPEN 8:00-10:00	(SAT) 9:00-5:00P	(SUN & HOLIDAYS) 9:00-5:00P
R.P.: WILLAWICK, OHIO	RESPONSIBLE PERSON R.H. CHRISTINE GANT	TITLE/I.D. NO.	INIT. USED
ADDR: CAT: LAKE CLASS: 05 III			

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
R.P.H. JOE BANNER		#03-3-20268			
R.P.H. CHRISTINE GANT		#21764			
R.P.H. DAVE HREE (HREE)		#03-2-10154			

1. LICENSING
2. I.D. CARDS
3. RECORDS SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
18. NON-REG COMPOUNDING
19. RX BLANKS
20. IMPROPER RX'S
21. OUTDATED DRUGS
22. DRUG LABELS
23. RX INFORMATION
24. OTC/SYRINGES
25. GENERIC MFG.
26. RX FILES
27. RX COPIES
28. RX INT/DATE
29. DE INVENTORY
30. PHONED SCHIRX
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

1) POSTED IN PHARMACY (LAST INSPECT 1999)

2) OK

GIANT EAGLE PHARMACY #216
30320 LAKE SHORE DRIVE
WILLOWICK, OHIO 44095
440-944-6963

3) IBM COMPUTER SYSTEM
IN HOUSE ONLY -

PDX SOFTWARE COMPUTER
PRINTS OUT A DAILY LOG. BY ASPIRING
4) OK (APPROVED IN 1999 - METAL GATE. STONED PHARMACIST)

5) OK

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY TO THE STATE BOARD OF PHARMACY WITHIN 20 DAYS FROM DATE ISSUED WITH EXPLANATION OF CORRECTIVE ACTION TAKEN NOTED ON THE REVERSE SIDE.

PERSON IN CHARGE

DATE SIGNED

INSPECTOR

PHA-0610 (Rev. 06/01)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

STATE BOARD OF PHARMACY, 77 SOUTH HIGH STREET, ROOM 1702, COLUMBUS, OHIO 43215-6126 - PHONE 614/466-4143; FAX 614/752-4836



TYPE:	PHONE (INCLUDE AREA CODE)	TIME IN	A.M.	TIME OUT	A.M.
DDD#: 02-1158550					
NAME:	TYPE	FED.#	EXP. DATE		
R.P.:					
ADDR: AGE 2 OF 2	HOURS OPEN	(DAILY)	(SAT.)	(SUN. & HOLIDAYS)	
CAT:	RESPONSIBLE PERSON	TITLE/I.D. NO.		INIT. USED	
CNTY:					
CLASS:					

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING	
2. I.D.CARDS	
3. RECORDSYSTEM	6) STATE Alarm SYSTEM
4. BARRICADE	
5. MIN.STANDARDS	
6. SECURITY	7) OK
7. LIBRARY	
8. CLEANLINESS	
9. REFRIGERATION	
10. ACCOUNTABILITY	
11. IMPROPERDISPENSING	
12. INSUFFICIENTSUPERVISION	8) OK (NEW IN 1999)
13. INVENTORYRECORDS	
14. DRUGDESTRUCTION	
15. ILLEGALSALES	9) OK
16. ILLEGALPURCHASES	
17. SAMPLES	
18. NON-REGCOMPOUNDING	
19. RxBLANKS	
20. IMPROPERRx'S	
21. OUTDATEDDRUGS	
22. DRUGLABELS	
23. RxINFORMATION	
24. OTC/SYRINGES	10) DEA 222 ORDER FORMS IN ORDER
25. GENERICMFG.	
26. RxFILES	
27. RxCOPIES	
28. RxINT/DATE	29) DEA Inventory - 5-1-01-(Opening)
29. DEAINVENTORY	WHOLESALE - McKesson
30. PHONEDSCHIIRx	APPROX. DAILY RX - 90
31. REFILLS-6MO/5X	LAST RX # 26026850
32. REFILLS-INT/DATE	
33. REFILLS-UA	
34. EMERGENCYKIT	
35. CONTINGENCYKIT	
36. NON-REGDISPENSING	
37. COUNSELING	

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PERSON IN CHARGE	DATE SIGNED	INSPECTOR
	1/14/03	
PHA-0610 (Rev. 06/01)	WHITE - OFFICE COPY	YELLOW - INSPECTOR COPY
	GREEN - DISTRIBUTOR COPY	PINK - INDIVIDUAL COPY

JAN 30 2006

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:

DDD#:

NAME:

R.P.:

ADDR:

CAT:

CNTY:

02-1158550 F
GIANT EAGLE #216
30320 LAKE SHORE BLVD.
WILLOWICK, OHIO

CLASS:

05

AREA CODE / TELEPHONE NUMBER

440-944-6963

TIME IN

A.M.

P.M.

10:45

TIME OUT

A.M.

P.M.

12:45

TYPE

FED.#

EXP. DATE

9-30-08

05 (LETHAL)

BG6555417

HOURS

(DAILY)

(SAT.)

(SUN. & HOLIDAYS)

OPEN

9:00-9:00P

9:00P

5:00P

RESPONSIBLE PERSON

TITLE/I.D. NO.

INIT. USED

R.P.H. CURTIS LAN

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

R.P.H. CURTIS LAN #03-3-16971

R.P.H. LEBORITZ (ARX)

1. LICENSING
2. I.D. CARDS
3. RECORDS SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
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23. RX INFORMATION
24. OTC/SYRINGES
25. GENERIC MFG.
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27. RX COPIES
28. RX INT/DATE
29. DE INVENTORY
30. PHONED SCHIRX
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

2006 (LAST INSPECT 1-2003)

1) OK (POSTED IN STORE)

2) OK (2006) GIANT EAGLE PHARMACY #216
30320 LAKE SHORE DRIVE
WILLOWICK, OHIO 44095
440-944-6963

3) IBM COMPUTER SYSTEM
ON LINE TO ALL OTHER
GIANT EAGLE PHARMACIES.
SOFTWARE. COMPUTER
GENERATES A DAILY PRINT-OUT
WHICH IS SIGNED BY
DISPENSING R.P.H.

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF CORRECTIVE ACTION TAKEN NOTED ON THE REVERSE SIDE, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

Curtis

SIGNATURE OF PERSON IN CHARGE

1/25/6

DATE SIGNED

S. J. Bode

SIGNATURE OF INSPECTOR

PHA-0610 (Rev. 02/02)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:	027158550 ADOE 2 OF 3	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.
DDD#:				P.M.		P.M.
NAME:		TYPE	FED.#	EXP. DATE		
R.P.:		05 (RETAIL)				
ADDR:		HOURS OPEN	(DAILY)	(SAT.)	(SUN. & HOLIDAYS)	
CAT:	CLASS:	RESPONSIBLE PERSON	TITLE/I.D. NO.	INIT. USED		
CNTY:						

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING	4) BARRICADE REPORT WRITTEN (APPROVED) NEW PHARMACY AND BARRICADE UNDER CONSTRUCTION WILL BE INSPECTED IN A FEW WEEKS. 5) OK OK 6) STATE ALARMS 7) OK (UPDATED TO 4-04 NEEDS JAN. 05 UPDATES TO BE PUT IN
2. I.D.CARDS	
3. RECORDSYSTEM	
4. BARRICADE	
5. MIN.STANDARDS	
6. SECURITY	
7. LIBRARY	
8. CLEANLINESS	
9. REFRIGERATION	
10. ACCOUNTABILITY	
11. IMPROPERDISPENSING	
12. INSUFFICIENTSUPERVISION	
13. INVENTORYRECORDS	
14. DRUGDESTRUCTION	
15. ILLEGALSALES	
16. ILLEGALPURCHASES	
17. SAMPLES	
18. NON-REGCOMPOUNDING	
19. RxBLANKS	
20. IMPROPERRx'S	
21. OUTDATEDDRUGS	
22. DRUGLABELS	
23. RxINFORMATION	
24. OTC/SYRINGES	
25. GENERICMFG.	
26. RxFILES	
27. RxCOPIES	
28. RxINT/DATE	
29. DEAINVENTORY	
30. PHONEDSCHIIRx	
31. REFILLS-6MO/5X	
32. REFILLS-INT/DATE	
33. REFILLS-UA	
34. EMERGENCYKIT	
35. CONTINGENCYKIT	
36. NON-REGDISPENSING	
37. COUNSELING	

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SIGNATURE OF PERSON IN CHARGE	DATE SIGNED	SIGNATURE OF INSPECTOR

PHA-0610 (Rev. 02/02) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY GREEN - DISTRIBUTOR COPY PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 02-158550 NAME: R.P.: ADDR: POE 3 OF 3 CAT: CLASS: CNTY:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">AREA CODE / TELEPHONE NUMBER</td> <td style="width: 10%;">TIME IN</td> <td style="width: 10%;">A.M.</td> <td style="width: 10%;">TIME OUT</td> <td style="width: 10%;">A.M.</td> </tr> <tr> <td></td> <td></td> <td>P.M.</td> <td></td> <td>P.M.</td> </tr> <tr> <td colspan="2">TYPE</td> <td colspan="2">FED.#</td> <td>EXP. DATE</td> </tr> <tr> <td colspan="2">HOURS OPEN</td> <td>(DAILY)</td> <td>(SAT.)</td> <td>(SUN. & HOLIDAYS)</td> </tr> <tr> <td colspan="2">RESPONSIBLE PERSON</td> <td colspan="2">TITLE/I.D. NO.</td> <td>INIT. USED</td> </tr> </table>	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.			P.M.		P.M.	TYPE		FED.#		EXP. DATE	HOURS OPEN		(DAILY)	(SAT.)	(SUN. & HOLIDAYS)	RESPONSIBLE PERSON		TITLE/I.D. NO.		INIT. USED
AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.																						
		P.M.		P.M.																						
TYPE		FED.#		EXP. DATE																						
HOURS OPEN		(DAILY)	(SAT.)	(SUN. & HOLIDAYS)																						
RESPONSIBLE PERSON		TITLE/I.D. NO.		INIT. USED																						

PERSONNEL	INIT. USED	TITLE/I.D. NO.	PERSONNEL	INIT. USED	TITLE/I.D. NO.

1. LICENSING
2. I.D.CARDS
3. RECORDSYSTEM
4. BARRICADE
5. MIN.STANDARDS
6. SECURITY
7. LIBRARY
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27. RxCOPIES
28. RxINT/DATE
29. DEAINVENTORY
30. PHONEDSCHIRx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
34. EMERGENCYKIT
35. CONTINGENCYKIT
36. NON-REGDISPENSING
37. COUNSELING

INTO Book

8) OK (STORE BEING REMODELED, PHARMACY TO MOVE TO NEW LOCATION FEB 2006)

9) OK (1 IN USE)

10) DEA 222 ORDER FORMS IN ORDER

29) DEA INVENTORY - WHOLESALE - MCKESSON

APPROX. DAILY RX - 175

LAST RX # - 6066157

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 SIGNATURE OF PERSON IN CHARGE	1/25/6 DATE SIGNED	 SIGNATURE OF INSPECTOR
--	-----------------------	---

PHA-0610 (Rev. 02/02)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: 01-25-06	T.D.D.D. #: 02-1158550
BOARD AGENT: FD300	D.E.A. #: B66555417

YES NO (Place an X on the appropriate line for each statement below)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- ☒ — Key in sealed envelope in safe.
- ☒ — All items requiring R.Ph. supervision are inside barricade.
- ☒ — Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- ☒ — Minimum of seven (7) feet in height.
- ☒ — Fully enclosed.
- ☒ — Suitable locks are provided.
- ☒ — Prescription department cannot be entered when locked without obvious damage to barricade.
- ☒ — No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

(BARRICADE APPROVED)

ELECTRONICS:

- ☒ This is a company-owned system.
If no, leased from who? STATE ALARMS
- ☒ — This is a ☒ HARDWIRE / ☐ WIRELESS / ☐ BOTH system. (check one)
- ☒ There is a functional emergency "hold up" button.
- ☒ — System is in operation at all times when R.Ph. is not present.
- ☒ — Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?
① STATE ALARMS ② WPD ③ RPH.
- ☒ — Only pharmacists possess access code to prescription room.
- ☒ — System was tested this date. Date system was last tested? _____
- ☒ Slot is provided for drop-in prescriptions.
- ☒ — Suitable notice of operating hours to public is posted.
- ☒ — Notice of emergency service is posted.

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:**I have been informed of and understand the following requirements:**

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.

Curtis La RPL
(Signature of R.Ph./Owner)

1/25/6 12:25
(Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:

[Signature]
(Signature of Board Agent)

AGENT
GIANT EAGLE PHARMACY #218
30320 LAKE SHORE DRIVE
WILLOWICK, OHIO 44095
440-944-8963

Comments:

* STORE PHARMACY IN PROCESS
OF MOVING ACROSS THE
STORE. NEW LOCATION BEING
BUILT, BARRICADE AND ALARM
SYSTEM WILL BE INSPECTED
AND APPROVED AT A LATER
TIME/DATE.

PHA-0611 (Rev. 04/04)

^^ PLACE STORE STICKER/STAMP HERE ^^



DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT FEB 13 2006

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:
DDD#: 02-1158550P
NAME: GRANT EAGLE #216
R.P.: 30320 COLUMBUS
ADDR: WILLOWICK OHIO
CAT: CLASS: CS
CNTY: COLUMBUS

AREA CODE / TELEPHONE NUMBER: 440-944-6963
TIME IN: 1:00 P.M.
TIME OUT: 2:00 P.M.
TYPE: 05 (RETAIL) B6655547
HOURS OPEN: 9:00-9:00 P (DAILY) 9:00 (SAT.) 9:00 (SUN. & HOLIDAYS)
RESPONSIBLE PERSON: R.P.H. CURTIS LAM
TITLE/I.D. NO.:
INIT. USED:

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
R.P.H. CURTIS LAM		#03-3-16971			

1. LICENSING

2. I.D.CARDS

3. RECORDSYSTEM

4. BARRICADE

5. MIN.STANDARDS

6. SECURITY

7. LIBRARY

8. CLEANLINESS

9. REFRIGERATION

10. ACCOUNTABILITY

11. IMPROPERDISPENSING

12. INSUFFICIENTSUPERVISION

13. INVENTORYRECORDS

14. DRUGDESTRUCTION

15. ILLEGALSALES

16. ILLEGALPURCHASES

17. SAMPLES

18. NON-REGCOMPOUNDING

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21. OUTDATEDDRUGS

22. DRUGLABELS

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25. GENERICMFG.

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27. RxCOPIES

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29. DEAINVENTORY

30. PHONEDSCHIIRx

31. REFILLS-6MO/5X

32. REFILLS-INT/DATE

33. REFILLS-UA

34. EMERGENCYKIT

35. CONTINGENCYKIT

36. NON-REGDISPENSING

37. COUNSELING

— PARTIAL

INSPECTION —

1) OK

2) OK

3) IBM COMPUTER SYSTEM ON LINE TO ALL OTHER GRANT EAGLE PHARMACY

4) BARRICADE REPORT WRITTEN (PHYSICIAN APPROVED ONLY)

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF CORRECTIVE ACTION TAKEN NOTED ON THE REVERSE SIDE, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

Curtis Lam

2/6/6

S. J. Bodh

SIGNATURE OF PERSON IN CHARGE

DATE SIGNED

SIGNATURE OF INSPECTOR

PHA-0610 (Rev. 02/02) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY GREEN - DISTRIBUTOR COPY PINK - INDIVIDUAL COPY

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: 2-6-06	T.D.D.D. #: 02-1158550
BOARD AGENT: FRB001	D.E.A. #: BG6555417

YES NO (Place an X on the appropriate line for each statement below)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- ☒ — Key in sealed envelope in safe.
- ☒ — All items requiring R.Ph. supervision are inside barricade.
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PHYSICAL BARRICADE:

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- ☒ — Suitable locks are provided.
- ☒ — Prescription department cannot be entered when locked without obvious damage to barricade.
- ☒ — No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

**PHYSICIAN
BARRICADE
APPROVED
ONLY**

ELECTRONICS:

- — This is a company-owned system.
If no, leased from who? **NOT APPROVED**
- — This is a ___ HARDWIRE / ___ WIRELESS / ___ BOTH system. (check one)
- — There is a functional emergency "hold up" button.
- — System is in operation at all times when R.Ph. is not present.
- — Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?

- — Only pharmacists possess access code to prescription room.
- — System was tested this date. Date system was last tested? _____
- — Slot is provided for drop-in prescriptions.
- — Suitable notice of operating hours to public is posted.
- — Notice of emergency service is posted.

4

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:**I have been informed of and understand the following requirements:**

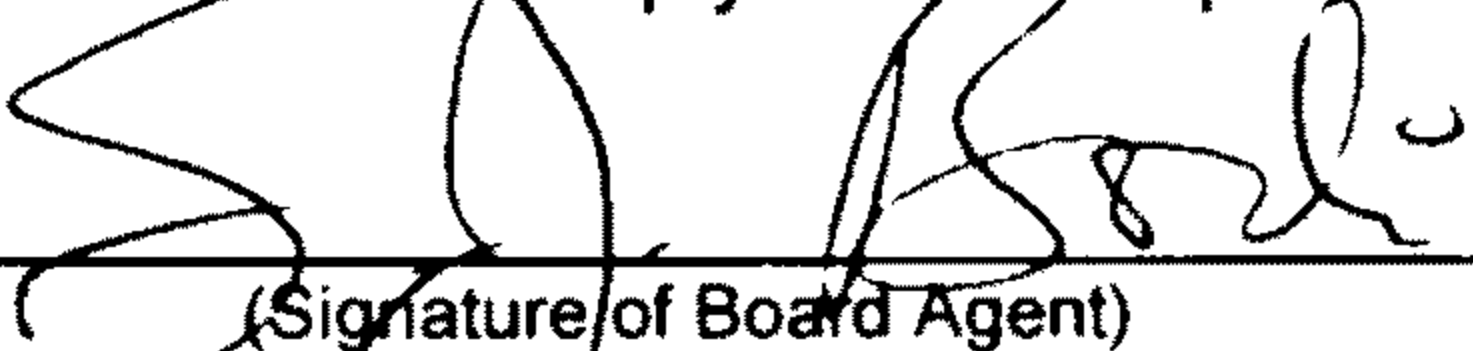
1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.


 (Signature of R.Ph./Owner)

2/6/6 1400
 (Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:


 (Signature of Board Agent)

AGENT
 (Title)

Comments:

PHYSICAL ~~ALARM~~ BARRICADE
 APPROVED ONLY STATE ALARM
 SYSTEM
 NEED TO INSTALL A SEPARATE
 PHONE LINE FOR ALARM SYSTEM
 (2 motion DETECTORS)

4

OCT 28 1999

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY; 77 S. HIGH ST., 17TH FLOOR; COLUMBUS, OHIO 43266-0320 - PHONE 614/466-4143; FAX 614/752-4836

TYPE: TERM DISTR
 DDD#: 02-1158550
 NAME: GIANT EAGLE PHARMACY #216
 R.P.: MARLENE G. KHOREY RPH
 ADDR: 30320 LAKE SHORE BLVD.
 WILLOWICK, OH 44095

RETAIL PHARMACY
 (NEW)

PHONE (INCLUDE AREA CODE)

TIME

A.M.

TIME

A.M.

440-944-6963

10:50 P.M.

11:15 P.M.

TYPE

FED.#

EXP. DATE

OS (RETAIL)

PENDING

HOURS

OPEN

8:00-10:00P (DAILY)

(SAT.)

(SUN. & HOLIDAYS)

RESPONSIBLE PERSON

TITLE/I.D. NO.

INIT. USED

R.A. CHRISTINE GANT

CAT: THREE

CLASS: 05

CNTY: LAKE CO. (43)-FB 09/15/99

SP

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
R.A. CHRISTINE GANT					
R.A. MARLENE KHOREY #03-121344					

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
18. NON-REG COMPOUNDING
19. Rx BLANKS
20. IMPROPER Rx'S
21. OUTDATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGES
25. GENERIC MFG.
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED SCH II Rx
31. REFILLS - 6MO/5X
32. REFILLS - INT/DATE
33. REFILLS - UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

Com 10/25/99

Comes 10/25/99

RA ✓

— RETAIL INSPECTION —

- 1) OK (NEW LICENSE DELIVERED THIS DATE)
 - 2) OK
 - 3) IBM COMPUTER - IN HOUSE ONLY - PDX SOFTWARE
 - 4) BARRICADE REPORT WRITTEN (APPROVED)
 - 5) OK
 - 6) STATE ARMS
 - 7) OK
 - 8) OK (NEW STORE)
 - 9) OK
- STORE TO OPEN ON NOV. 99

☐ PINK SHEET ISSUED FOR NUMBER(S):

DATE:

PERSON IN CHARGE

INSPECTOR

PHA-0610 (Rev. 12/97)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

OHIO STATE BOARD OF PHARMACY

10-21-99 PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

DATE 02-11-8550 T.D.D.D. NO. _____

AGENT FJ RODI D.E.A. NO. _____

T.D.D. NO. 02-115 ESSD
D.E.A. NO. PENDING

RULE 4729-9-11 REQUIREMENTS

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

CHECK ONE:

YES	NO	
X		Key in sealed envelope in safe. (LOCK BOX)
X		All items requiring R.Ph. supervision are inside barricade.
X		Prescription department may not be entered when barricade is in use.
X		(A) Physical Barricade:
X		(1) Minimum of seven (7) feet in height.
X		(2) Fully enclosed.
X		(3) Suitable locks are provided.
X		(4) Prescription department cannot be entered when locked without obvious damage to barricade.
X		(5) No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.
X		(B) Electronics:
X	X	(1) This is a company-owned system. If no, leased from whom? <u>STATE ALARMS</u>
X		(2) This is a [circle one] hardwire/wireless/both system.
X		(3) There is a functional emergency "hold up" button.
X		(4) System is in operation at all times when R.Ph. is not present.
X		(5) Items in prescription room may not be removed when system is operating without activating the alarm. Where does alarm sound or who does it alert? <u>① STATE ALARMS</u> <u>② WILKOWICK P.D.</u> <u>③ R.P.H.</u>
X		(6) Only R.Ph.s possess access code to prescription room.
X		(7) System was tested this date. When was system last tested? (Date) <u> </u>

PHA-0611 (Rev. 01/90)

(CONTINUED ON REVERSE)

100

- 2 -

CHECK ONE:

YES	NO
	X
X	
X	

Slot is provided for drop-in prescriptions.

Suitable notice of operating hours to public is posted.

Notice of emergency service is posted.

I, R. Ph. MARLENE KATREY, R.Ph. Owner, have been informed of and understand the following requirements:

- (1) No prescription item may be sold when the prescription department is closed.
- (2) No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
- (3) No prescription may be left outside the barricade for customer pick-up.
- (4) No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
- (5) No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Rules 4729-17-03 and 4729-17-07 of the Ohio Administrative Code.
- (6) Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
- (7) All dangerous drugs are to be stored within a barricaded area.

Marlene Katrey
(Signature of R.Ph. Owner)

10/21/99
(Date/Time)

I, Frank J. Bess, Jr., COMPLIANCE AGENT, FIND THIS BARRICADE TO COMPLY WITH ALL REQUIREMENTS OF RULE 4729-9-11 OF THE OHIO ADMINISTRATIVE CODE.

COMMENTS:

nd

cription

re

re out

if

ved. (PLACE STORE STICKER HERE)

re

R.Ph. / Owner

if

agent

JAN - 4 2000

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY; 77 S. HIGH ST., 17TH FLOOR; COLUMBUS, OHIO 43266-0320 · PHONE 614/466-4143; FAX 614/752-4836

TYPE: 02-1158550 P	PHONE (INCLUDE AREA CODE) 440-944-6963	TIME IN 11:15 P.M.	TIME OUT 12:30 P.M.
DDD#: 02-1158550 P	TYPE 05 (RETAIL)	FED.# BG555	EXP. DATE 11/7/02
NAME: GRANT EAGLE #216	HOURS OPEN 8:00-10:00 P (DAILY)	8:00-9:00 P (SAT)	8:00-9:00 P (SUN & HOLIDAYS)
R.P.: 30320 LAKE SHORE BLVD.	RESPONSIBLE PERSON R.H. CHRISTINE GRANT	TITLE/I.D. NO.	INIT. USED
ADDR: WILLOWICK, OHIO			
CAT: LAKE	CLASS: III		
CNTY: LAKE	05		

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
RPH. CHRISTINE GRANT		#03-321764			"CXG"
RPH. USA DOWLING		#19427 (CERT)			"LED"

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
18. NON-REG COMPOUNDING
19. Rx BLANKS
20. IMPROPER Rx'S
21. OUTDATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGES
25. GENERIC MFG.
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED SCH II Rx
31. REFILLS - 6MO/5X
32. REFILLS - INT/DATE
33. REFILLS - UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

— FIRST FULL INSPECTION —

1) OK (POSTED IN STORE)

2) OK

3) IBM COMPUTER SYSTEM IN HOUSE ONLY - RX SOFTWARE

4) BARRICADE REPORT WRITTEN IN OCT. 1999 AND APPROVED - FULL BARRICADE

5) OK

☐ PINK SHEET ISSUED FOR NUMBER(S):

DATE:

PERSON IN CHARGE

DATE

INSPECTOR

PHA-0610 (Rev. 12/97)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY; 77 S. HIGH ST., 17TH FLOOR; COLUMBUS, OHIO 43266-0320 · PHONE 614/466-4143; FAX 614/752-4836

TYPE: **021158550**
 DDD#: **ADCE 20F2**
 NAME:
 R.P.:
 ADDR:

PHONE (INCLUDE AREA CODE)

TIME
INA.M.
P.M.TIME
OUTA.M.
P.M.

TYPE

FED.#

EXP. DATE

HOURS
OPEN

(DAILY)

(SAT.)

(SUN. & HOLIDAYS)

CAT:
CNTY:

CLASS:

RESPONSIBLE PERSON

TITLE/I.D. NO.

INIT. USED

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
			GIANT EAGLE PHARMACY #216		
			30320 LAKE SHORE BLVD		
			WILLOUGH, OHIO 43085		
			440-941-6863		

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
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30. PHONED SCH II Rx
31. REFILLS - 6MO/5X
32. REFILLS - INT/DATE
33. REFILLS - UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

6) STATE Alarm
 7) OK SYSTEM.

8) OK (NEW STORE
 OPENED ON 12-20-99
 FOR BUSINESS)

9) OK
 10) DEA 222 ORDER FORMS

29) DEA INVENTORY - 12-20-99
 WHOLESALER - McKesson/CARDINAL
 APPROX. DAILY Rx - 12
 LAST Rx # - 6000090

☐ PINK SHEET ISSUED FOR NUMBER(S):

DATE:

PERSON IN CHARGE

DATE

INSPECTOR

PHA-0610 (Rev. 12/97)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 021158550 NAME: Giant Eagle #216 R.P.: Michael Chappell ADDR: 30320 Lakeshore Blvd. Willowick, OH 44095 CAT: <u>IV</u> CNTY: <u>Lake</u>		AREA CODE / TELEPHONE NUMBER 440-944-6963	TIME IN 12:15 <u>AM</u>	TIME OUT 2:45 <u>PM</u>
1 of 3		TYPE	FED. # 666555417	EXP. DATE 9/30/11
		HOURS OPEN M-F 9-9 Sat 9-7 Sun 9-5		
CLASS:		FAX NUMBER 440-944-5098	EMAIL	

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
Nathaniel Gudr		03229317	Reese Sevastos	BY:
Matthew Rupert		30544	GIANT EAGLE PHARMACY #216		
Michael Chappell			30320 LAKE SHORE DRIVE		
			WILLOWICK, OHIO 44095		
			440-944-6963		

- ☐ LICENSING 4/20/11
 - ☐ I.D. CARDS yes
 - ☐ RECORD SYSTEM yes
 - ☐ BARRICADE OK
 - ☐ MIN. STANDARDS OK
 - ☐ SECURITY checked by
 - ☐ LIBRARY inspection
 - ☐ CLEANLINESS 4/26/11
 - ☐ REFRIGERATION fl
 - ☐ ACCOUNTABILITY 4/26/11
 - ☐ IMPROPER DISPENSING
 - ☐ INSUFFICIENT SUPERVISION
 - ☐ INVENTORY RECORDS
 - ☐ DRUG DESTRUCTION
 - ☐ ILLEGAL SALES
 - ☐ ILLEGAL PURCHASES
 - ☐ SAMPLES
 - ☐ IMPROPER Rx's
 - ☐ OUTDATED DRUGS
 - ☐ DRUG LABELS
 - ☐ Rx INFORMATION
 - ☐ OTC/SYRINGES
 - ☐ Rx FILES
 - ☐ Rx COPIES
 - ☐ Rx INT/DATE
 - ☒ DEA INVENTORY
 - ☐ PHONED C-II Rx
 - ☐ REFILLS-6MO/5X
 - ☐ REFILLS-INT/DATE
 - ☐ REFILLS-UA
 - ☐ COUNSELING
 - ☐ PSE SALES
 - ☐ OARRS
 - ☐ CONFIDENTIALITY Comp 4/28/11
- F ☒ P ☐ yes

1.) OSBP and DEA licenses current and posted. 2.) RPL Rupert's ID card is getting laminated. 3.) PDX software, version 4.6.09 4 total terminals handle data entry, DUR warnings, patient profile searches. Daily prescription authentication logs and daily audit 15th's print out. Data backed up on tapes which are changed daily. Vaccination records kept on file - HIN1 and Zostavax 4.) Fully enclosed barcode - barcode inspection report completed. 5.) OK 6.) Electronic alarm backs up physical barcode. No known thefts or significant losses. 7.) RPL has ability to access Ohio laws and rules via OSBP website. 8.) OK 9.) OK

☒ PINK SHEET ISSUED FOR NUMBER(S): 29

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

Matthew Rupert
SIGNATURE OF PERSON IN CHARGE

4-14-11

DATE

Will J. Smith
SIGNATURE OF INSPECTOR

4/14/2011
DATE

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

Highly Confidential Subject to Protective Order

BOP_MD L2801916

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 021158550 NAME: R.P.: ADDR: CAT: CNTY:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">AREA CODE / TELEPHONE NUMBER</td> <td style="width: 10%;">TIME IN</td> <td style="width: 10%;">A.M.</td> <td style="width: 10%;">TIME OUT</td> <td style="width: 10%;">A.M.</td> </tr> <tr> <td></td> <td></td> <td>P.M.</td> <td></td> <td>P.M.</td> </tr> <tr> <td colspan="2">TYPE</td> <td colspan="2">FED. #</td> <td>EXP. DATE</td> </tr> <tr> <td colspan="5">HOURS OPEN</td> </tr> <tr> <td colspan="2">FAX NUMBER</td> <td colspan="3">EMAIL</td> </tr> </table>	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.			P.M.		P.M.	TYPE		FED. #		EXP. DATE	HOURS OPEN					FAX NUMBER		EMAIL		
AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.																						
		P.M.		P.M.																						
TYPE		FED. #		EXP. DATE																						
HOURS OPEN																										
FAX NUMBER		EMAIL																								

2 of 3

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

<ol style="list-style-type: none"> 1. LICENSING 2. I.D. CARDS 3. RECORD SYSTEM 4. BARRICADE 5. MIN. STANDARDS 6. SECURITY 7. LIBRARY 8. CLEANLINESS 9. REFRIGERATION 10. ACCOUNTABILITY 11. IMPROPER DISPENSING 12. INSUFFICIENT SUPERVISION 13. INVENTORY RECORDS 14. DRUG DESTRUCTION 15. ILLEGAL SALES 16. ILLEGAL PURCHASES 17. SAMPLES 20. IMPROPER Rx's 21. OUTDATED DRUGS 22. DRUG LABELS 23. Rx INFORMATION 24. OTC/SYRINGES 26. Rx FILES 27. Rx COPIES 28. Rx INT/DATE 29. DEA INVENTORY 30. PHONED C-II Rx 31. REFILLS-6MO/5X 32. REFILLS-INT/DATE 33. REFILLS-UA 37. COUNSELING 38. PSE SALES 39. OARRS 40. CONFIDENTIALITY 	<p>10-) All records of accountability are to be kept complete and accurate and on site available for inspection for at least 3 years. DEA 222 forms affixed to order invoice when C-II order received from McKesson. III-V invoices and pick sheets maintained in order. 13-) Perpetual C-II log book maintained, separate log book for OxyCodone/APAP 5-325 22-) No e-signature controls found. 23-) CII-V files checked. Hard copy Rx's properly contain full patient name + residential address, prescriber DEA #, quantity in alpha and numeric format. 26-) 4 part filling system. 28-) Hard copy Rx's properly initialed by dispensing RPh.</p>
--	---

F ☐ P ☐

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

 SIGNATURE OF PERSON IN CHARGE	4-14-11 DATE	 SIGNATURE OF INSPECTOR	4/14/2011 DATE
--	-----------------	---	-------------------

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836



TYPE:	021158550 3 of 3	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.	
DDD#:				P.M.		P.M.	
NAME:		TYPE		FED. #		EXP. DATE	
R.P.:		HOURS OPEN					
ADDR:		FAX NUMBER		EMAIL			
CAT:	CLASS:						
CNTY:							

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING 2. I.D. CARDS 3. RECORD SYSTEM 4. BARRICADE 5. MIN. STANDARDS 6. SECURITY 7. LIBRARY 8. CLEANLINESS 9. REFRIGERATION 10. ACCOUNTABILITY 11. IMPROPER DISPENSING 12. INSUFFICIENT SUPERVISION 13. INVENTORY RECORDS 14. DRUG DESTRUCTION 15. ILLEGAL SALES 16. ILLEGAL PURCHASES 17. SAMPLES 20. IMPROPER Rx's 21. OUTDATED DRUGS 22. DRUG LABELS 23. Rx INFORMATION 24. OTC/SYRINGES 26. Rx FILES 27. Rx COPIES 28. Rx INT/DATE 29. DEA INVENTORY 30. PHONED C-II Rx 31. REFILLS-6MO/5X 32. REFILLS-INT/DATE 33. REFILLS-UA 37. COUNSELING 38. PSE SALES 39. OARRS 40. CONFIDENTIALITY F <input type="checkbox"/> P <input type="checkbox"/>	*29.) Biennial inventory could not be located. Please locate and forward copy to OSBP with pink copy of this inspection form. If inventory has not been completed you are to perform complete CII-I inventory and forward to OSBP as soon as possible. 32.) Daily audit 18thly and dispensing authentication logs document all Rx's filled. Signal reports document positive ID on refill Rx's dispensed. 37.) offer to counsel documented in consultation log book. No wholesale sales Rx # 6270949 Filled today Approx 325 Rx's/day 60% new
---	--

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE **WITHIN 20 DAYS** FROM DATE ISSUED.

	4-14-11		4/14/2011
SIGNATURE OF PERSON IN CHARGE	DATE	SIGNATURE OF INSPECTOR	DATE

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: <i>4/14/2011</i>	T.D.D.D. #: <i>021158550</i>
BOARD AGENT:	D.E.A. #: <i>BG 6555417</i>

YES NO (Place an X on the appropriate line for each statement below)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- ☒ Key in sealed envelope in safe. (*lock box*)
- ☒ All items requiring R.Ph. supervision are inside barricade.
- ☒ Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- ☒ Minimum of seven (7) feet in height.
- ☒ Fully enclosed.
- ☒ Suitable locks are provided.
- ☒ Prescription department cannot be entered when locked without obvious damage to barricade.
- ☒ No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

ELECTRONICS: *Backup to physical barricade*

- ☒ This is a company-owned system.
If no, leased from who? *State Alarm*
- ☒ This is a ☐ HARDWIRE / ☐ WIRELESS / ☒ BOTH system. (*check one*)
- ☒ There is a functional emergency "hold up" button.
- ☒ System is in operation at all times when R.Ph. is not present.
- ☒ Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?
Audible alarm in store, RPh called at home
- ☒ Only pharmacists possess access code to prescription room.
- ☒ System was tested this date. Date system was last tested? _____
- ☒ Slot is provided for drop-in prescriptions.
- ☒ Suitable notice of operating hours to public is posted.
- ☐ Notice of emergency service is posted.

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:**I have been informed of and understand the following requirements:**

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.




(Signature of R.Ph./Owner)

4-14-11

(Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:



(Signature of Board Agent)

Agent

(Title)

Comments:

Fully enclosed barricade with electronic alarm back up. 4 total sets of keys including floater set in lock box. Automatic electric steel gate at counter area. Steel frame glass door with key entry. Two sliding glass windows remain locked. There is a storage/break room within barricaded area - only accessible through pharmacy.

Barricade Approved

PHA-0611 (Rev. 04/04)

GIANT EAGLE PHARMACY #216
30320 LAKE SHORE DRIVE
 ^^ PLACE STICKER/STAMP HERE ^^
WILLOWICK, OHIO 44095
440-944-6963

DANGEROUS DRUG I

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, R

TYPE:

DDD#: 021158550

NAME: Grant Eagle #216

R.P.:

ADDR: Michael Chappell, RPL

30320 Lakeshore Blvd.

Willowick, OH 44095

CAT: III

CLASS:

CNTY: Lake

HOURS
OPEN

FAX NUMBER

EMAIL

SECTION REPORT

-6126 - TEL 614-466-4143; FAX 614-752-4836

JE NUMBER

TIME IN

A.M.

TIME OUT

A.M.

6963

3:00

P.M.

3:15

P.M.

FED. #

EXP. DATE

B66555417 9/30/11

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
Michael Chappell		03329028			
Matt Rupert		30544			

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
20. IMPROPER Rx's
21. OUTDATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGES
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED C-II Rx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

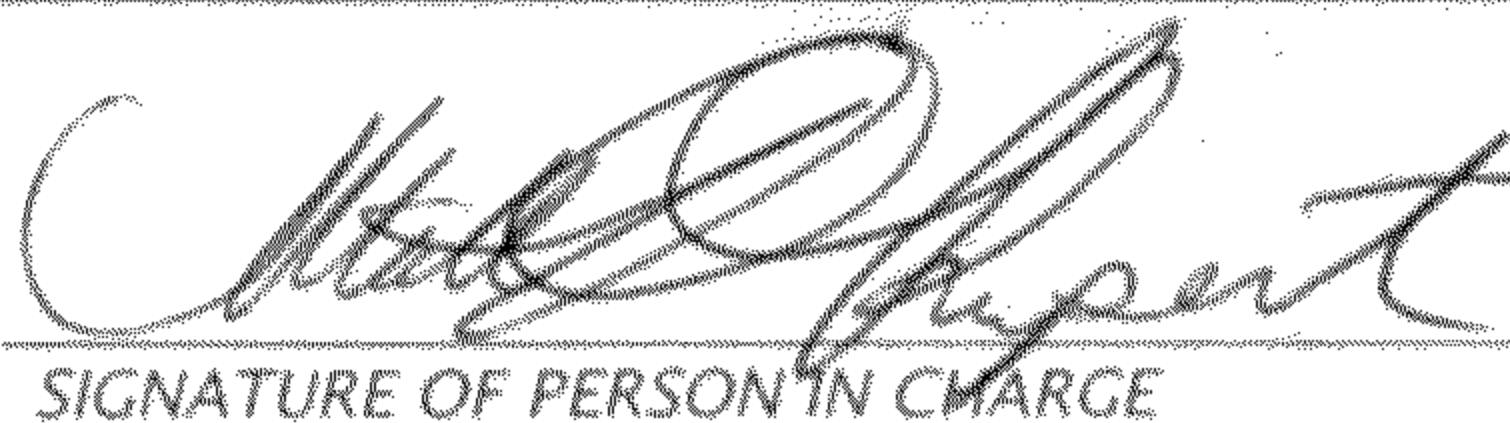
F ☐ Comp P ☒

☒ PINK SHEET ISSUED FOR NUMBER(S): 12

A full pharmacy inspection was completed at this site on 4/14/2011. At that time no biennial controlled substance inventory could be located. The responsible person, Michael Chappell, R.Ph. assumed supervisory duties on 12/28/2010 therefore a complete controlled substance inventory should have been completed at that time.

A complete controlled substance inventory must be completed as soon as possible by a responsible person who will be responsible for supervision and control and will maintain all drug records as required - OAC 4729-5-11

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.


SIGNATURE OF PERSON IN CHARGE

4-26-11

DATE


SIGNATURE OF INSPECTOR

4-26-11

DATE

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, RM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: RTPC
 DDD#: 021158550
 NAME: Giant Eagle #216
 R.P.: Brenton Davis
 ADDR: 30320 Lakeshore
Willowick, OH 44095
 CAT: 4 CLASS:
 CNTY: 43

AREA CODE / TELEPHONE NUMBER 440-944-6963 TIME IN 11:00 PM TIME OUT 12:30 PM
 TYPE RTPC FED. # B66555417 EXP. DATE 9/30/14
 HOURS OPEN M-F 9-9 Sat 9-7 Sun 9-5
 FAX NUMBER 4-944-5098 EMAIL

PERSONNEL	INIT. USED	TITLE / I.D. NO.	PERSONNEL	INIT. USED	TITLE / I.D. NO.
<u>Heather Poropat</u>		<u>03321712</u>	<u>GIANT EAGLE PHARMACY #216</u>		
<u>Lauren Walker</u>		<u>0331957</u>	<u>30320 LAKE SHORE DRIVE</u>		
<u>Brenton Davis</u>		<u>27573</u>	<u>WILLOWICK, OHIO 44095</u>		
			<u>440-944-6963</u>		

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
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15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
20. IMPROPER Rx's
21. OUTDATED DRUGS
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26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED C-II Rx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☒ Partial ☐

1) OSBP + DEA licenses current and posted. Wall
licenses conspicuously posted.
2) OK
3) McKesson Enterprise version 25.06.08 dispensing
software. Seven terminals used for data entry
and Rx processing. All Giant Eagle pharmacies
connected via real time online system for patient
profile searches and Rx transfers. New McKesson
EPS system equipped with biometric fingerprint
readers to be used to show positive ID during
acts of dispensing. System not yet approved
for paperless positive ID.
4) Fully enclosed barricade with electronic alarm.

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

Heather Poropat 5/7/14
 SIGNATURE OF PERSON IN CHARGE DATE

Will/EHL 5/7/14
 SIGNATURE OF INSPECTOR DATE

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

OHIO PHARMACY BOARD
MAY 15 2014
R. Collins
File ☐ Copy to: _____

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, RM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 021158550 NAME: R.P.: ADDR: CAT: CNTY:	AREA CODE / TELEPHONE NUMBER TIME IN A.M. P.M. TIME OUT A.M. P.M. TYPE FED. # EXP. DATE HOURS OPEN FAX NUMBER EMAIL
---	---

2 of 4

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

<ol style="list-style-type: none"> 1. LICENSING 2. I.D. CARDS 3. RECORD SYSTEM 4. BARRICADE 5. MIN. STANDARDS 6. SECURITY 7. LIBRARY 8. CLEANLINESS 9. REFRIGERATION 10. ACCOUNTABILITY 11. IMPROPER DISPENSING 12. INSUFFICIENT SUPERVISION 13. INVENTORY RECORDS 14. DRUG DESTRUCTION 15. ILLEGAL SALES 16. ILLEGAL PURCHASES 17. SAMPLES 20. IMPROPER Rx's 21. OUTDATED DRUGS 22. DRUG LABELS 23. Rx INFORMATION 24. OTC/SYRINGES 26. Rx FILES 27. Rx COPIES 28. Rx INT/DATE 29. DEA INVENTORY 30. PHONED C-II Rx 31. REFILLS-6MO/5X 32. REFILLS-INT/DATE 33. REFILLS-UA 37. COUNSELING 38. PSE SALES 39. OARRS 40. CONFIDENTIALITY 	<p>5.) OK</p> <p>6.) Electronic alarm backs up physical barricade.</p> <p>No known thefts or significant losses.</p> <p>7.) RPh able to access Ohio drug laws and rules on OSBP website.</p> <p>8.) OK</p> <p>9.) OK - temperature log maintained.</p> <p>10.) Records of accountability include C-II-V invoices, inventory records and DEA 222 forms maintained in controlled drugs record box.</p> <p>DEA 222 forms properly executed upon receiving order from McKesson. Orders checked in by RPh.</p> <p>No wholesale sales. CII-V orders received from</p>
--	---

Full ☐ Partial ☐

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE **WITHIN 20 DAYS** FROM DATE ISSUED.

<p><i>(Signature)</i> 5/7/14</p> <p>SIGNATURE OF PERSON IN CHARGE DATE</p>	<p><i>(Signature)</i> 5/7/14</p> <p>SIGNATURE OF INSPECTOR DATE</p>
--	---

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, RM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:

DDD#:

NAME:

R.P.:

ADDR:

AREA CODE / TELEPHONE NUMBER

TIME IN

A.M.

TIME OUT

A.M.

P.M.

P.M.

TYPE

FED. #

EXP. DATE

HOURS

OPEN

FAX NUMBER

EMAIL

CAT:

CLASS:

CNTY:

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
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31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☐ Partial ☐

McKesson and Grant Eagle Warehouse,

3.) Perpetual Log book maintained for CII's.
separate book for Oxycodone/APAP 5/325mg.

New log book started when biennial inventory
completed 5/1/14.

21.) Outdates stored in tote away from active
drug stock - sent back quarterly. Shelves spot
checked for outdates - none found

22.) Return to stock walls labeled appropriately

23.) CII/RX's checked - properly document
prescriber name + DEA, patient full name and
residential address, quantity, in alpha and
numeric format. CII - II phone in RX's

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

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William Poropat 5/7/14
SIGNATURE OF PERSON IN CHARGE DATE

Will ELL 5/7/14
SIGNATURE OF INSPECTOR DATE

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, RM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:

DDD#:

NAME:

R.P.:

ADDR:

AREA CODE / TELEPHONE NUMBER

TIME IN

A.M.

TIME OUT

A.M.

P.M.

P.M.

TYPE

FED. #

EXP. DATE

HOURS

OPEN

FAX NUMBER

EMAIL

CAT:

CLASS:

CNTY:

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

1. LICENSING

2. I.D. CARDS

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7. LIBRARY

8. CLEANLINESS

9. REFRIGERATION

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31. REFILLS-6MO/5X

32. REFILLS-INT/DATE

33. REFILLS-UA

37. COUNSELING

38. PSE SALES

39. OARRS

40. CONFIDENTIALITY

Full ☐ Partial ☐

properly document full name of prescriber agent

26.) 4 part filing system

28.) Original hard copy RX's properly initialed/
dated by dispensing RPh.29.) Last biennial inventory completed 5/1/14 by
RPh Darts at business close.32.) Daily log report documents all RX's dispensed
including refills. Report is verified and signed by
RPh to show positive ID on refill RX's.37.) This agent observed techs. offering counseling
at Register

RPH4046236 processed today 2100 RX's/week

☐ PINK SHEET ISSUED FOR NUMBER(S):

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SIGNATURE OF PERSON IN CHARGE

DATE

SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

JUN - 1 2009

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: RTPC	AREA CODE / TELEPHONE NUMBER 440-944-6963	TIME IN 2:30 PM	TIME OUT 4:00 PM
DDD#: 021158550	TYPE Retail Chain		
NAME: Grant Eagle #216	FED. # BG-6555417		
R.P.: Latoya Ross, RPh.	EXP. DATE 9/30/2011		
ADDR: 30320 Lakeshore Blvd. Willowick, OH 44095	HOURS OPEN M-F 9-9, Sat. 9-7, Sun 9-5		
CAT: IV	FAX NUMBER 440-944-5098		
CNTY: Lake 43	EMAIL		
CLASS: OS			

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
Latoya Ross, RPh.	LXR	03124826	GIANT EAGLE PHARMACY		#216
Frank Szep, RPh.	FS	03126659	30320 LAKE SHORE DRIVE		
Patricia Crane, RPh.	PCR	11312	WILLOWICK, OHIO 44095		
			440-944-6963		

- ① LICENSING
- ② I.D. CARDS
- ③ RECORD SYSTEM
- ④ BARRICADE
- ⑤ MIN. STANDARDS
- ⑥ SECURITY
- ⑦ LIBRARY
- ⑧ CLEANLINESS
- ⑨ REFRIGERATION
- ⑩ ACCOUNTABILITY
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31. REFILLS-6MO/5X
- ⑱ REFILLS-INT/DATE
33. REFILLS-UA
- ⑳ COUNSELING
38. PSE SALES
- ⑳ OARRS
40. CONFIDENTIALITY

F ☒ **Comp** P ☐ **R**

1.) OSBP and DEA licenses current and posted. 2.) OK
3.) PDX software version 4.6.08. All Grant Eagle stores connected via real time online dispensing software system. 5 computer workstations for data entry, DUR + final processing. Patient profile recall dates back at least 2 years. Separate daily dispensing authentication log prints out for each RPh. Listing all prescriptions verified by that RPh. 4.) See completed barricade inspection report. Barricade Approved 5.) OK. 6.) Electronic alarm backs up physical barricade. No known thefts or significant losses in past 2 years. You are to always provide adequate and effective security

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.


5/21/09
DATE


5-21-09
DATE

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: 021158550 DDD#: 2 of 3 NAME: R.P.: ADDR: CAT: CLASS: CNTY:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">AREA CODE / TELEPHONE NUMBER</td> <td style="width: 10%;">TIME IN</td> <td style="width: 10%;">A.M.</td> <td style="width: 10%;">TIME OUT</td> <td style="width: 10%;">A.M.</td> </tr> <tr> <td></td> <td></td> <td>P.M.</td> <td></td> <td>P.M.</td> </tr> <tr> <td colspan="2">TYPE</td> <td colspan="2">FED. #</td> <td>EXP. DATE</td> </tr> <tr> <td colspan="5">HOURS OPEN</td> </tr> <tr> <td colspan="2">FAX NUMBER</td> <td colspan="3">EMAIL</td> </tr> </table>	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.			P.M.		P.M.	TYPE		FED. #		EXP. DATE	HOURS OPEN					FAX NUMBER		EMAIL		
AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.																						
		P.M.		P.M.																						
TYPE		FED. #		EXP. DATE																						
HOURS OPEN																										
FAX NUMBER		EMAIL																								

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING
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33. REFILLS-UA
37. COUNSELING
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39. OARRS
40. CONFIDENTIALITY

F ☐ P ☐

to deter and detect diversion of dangerous drugs.


7.) RPh. demonstrated ability to access OSBP drug laws and rules online. 8.) OK 9.) Refrigerator is too warm - dial adjusted to make colder.

10.) DEA 222 forms properly executed upon receiving C-II order. Forms affixed to invoice. McKesson and Andra are wholesalers for C-II purchases. No wholesale sales being made. All records of accountability are to be kept complete and accurate on site available for inspection for at least 3 years. 13.) Perpetual C-II log book maintained. 21) Biennial controlled substance inventory completed 5/1/09 at open of business.

23.) Rx's properly contain full name and address of

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

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SIGNATURE OF PERSON IN CHARGE

5/21/09
DATE


SIGNATURE OF INSPECTOR

5-21-09
DATE

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: NAME: R.P.: ADDR:	021158550 3 of 3	AREA CODE / TELEPHONE NUMBER	TIME IN A.M. P.M.	TIME OUT A.M. P.M.
CAT: CNTY:	CLASS:	TYPE	FED. #	EXP. DATE
		HOURS OPEN		
		FAX NUMBER	EMAIL	

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING 2. I.D. CARDS 3. RECORD SYSTEM 4. BARRICADE 5. MIN. STANDARDS 6. SECURITY 7. LIBRARY 8. CLEANLINESS 9. REFRIGERATION 10. ACCOUNTABILITY 11. IMPROPER DISPENSING 12. INSUFFICIENT SUPERVISION 13. INVENTORY RECORDS 14. DRUG DESTRUCTION 15. ILLEGAL SALES 16. ILLEGAL PURCHASES 17. SAMPLES 20. IMPROPER Rx's 21. OUTDATED DRUGS 22. DRUG LABELS 23. Rx INFORMATION 24. OTC/SYRINGES 26. Rx FILES 27. Rx COPIES 28. Rx INT/DATE 29. DEA INVENTORY 30. PHONED C-II Rx 31. REFILLS-6MO/5X 32. REFILLS-INT/DATE 33. REFILLS-UA 37. COUNSELING 38. PSE SALES 39. OARRS 40. CONFIDENTIALITY F <input type="checkbox"/> P <input type="checkbox"/>	patients. Phone in Rx's properly document full name of doctor agent. C-II-R files checked Approx 300 Rx's/day 50% new. RX# 6184870 is new today 26.) 3 part filing system in place. 28.) RPh's properly signing/initiating new hard copy Rx's 32.) RPh's sign Daily Authentication Log which documents all Rx's verified by each RPh. 37.) Third party/counseling log documents offer to counsel. At drive thru customers sign offer to counsel form. 39.) RPh. signed up for OARRS during inspection.
---	--

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	5/21/09		5-21-09
SIGNATURE OF PERSON IN CHARGE	DATE	SIGNATURE OF INSPECTOR	DATE

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: <u>5/21/09</u>	T.D.D.D. #: <u>021158550</u>
BOARD AGENT: <u>Edwards</u>	D.E.A. #: <u>B66555417</u>

YES NO (Place an X on the appropriate line for each statement below)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- X — Key in sealed envelope in safe.
- X — All items requiring R.Ph. supervision are inside barricade.
- X — Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- X — Minimum of seven (7) feet in height.
- X — Fully enclosed.
- X — Suitable locks are provided.
- X — Prescription department cannot be entered when locked without obvious damage to barricade.
- X — No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

ELECTRONICS:

- X This is a company-owned system.
If no, leased from who? State Alarm
- X — This is a — HARDWIRE / — WIRELESS / X BOTH system. (check one)
- X — There is a functional emergency "hold up" button.
- X — System is in operation at all times when R.Ph. is not present.
- X — Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?
Audible alarm and Rph called at home
- X — Only pharmacists possess access code to prescription room.
- X System was tested this date. Date system was last tested? _____
- X Slot is provided for drop-in prescriptions.
- X — Suitable notice of operating hours to public is posted.
- — Notice of emergency service is posted.

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:

I have been informed of and understand the following requirements:

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.

[Signature] 5/21/09
 (Signature of R.Ph./Owner)

5/21/09 3:54
 (Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:

[Signature]
 (Signature of Board Agent)

Agent
 (Title)

Comments:

Fully enclosed barricade - Steel rolldown gate, two motion sensors, 3 sets of keys + one floor set in lock box in cashier office. Electronic alarm backs up barricade. Steel/glass entry door is auto locking.

Barricade Approved

JAN 22 2007

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:

DDD#:

NAME:

R.P.:

ADDR:

CAT:

CNTY:

03-1374850P
GIANT EAGLE
6079 ANDREWS RD.
MENTOR-ON-THE-LAKE
OHIO

CLASS:

05

AREA CODE / TELEPHONE NUMBER

440-306-0011

TIME IN

10:15 P.M.

TIME OUT

11:45 P.M.

TYPE

05 (RETAIL) BG0262343

HOURS

OPEN

RESPONSIBLE PERSON

(DAILY)

9:00-9:00

(SAT.)

9:00A

(SUN. & HOLIDAYS)

9:00A

TITLE/I.D. NO.

RPH. DAUG NERES

INIT. USED

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

RPH. DAUG

NERES

#11337 (CERT)

RPH. AMAND

PIET

#03-3-26905

RPH. STANON

LANCE

(NEW)

1. LICENSING
2. I.D. CARDS
3. RECORDS SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
18. NON-REG COMPOUNDING
19. Rx BLANKS
20. IMPROPER Rx'S
21. OUTDATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGES
25. GENERIC MFG.
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DE INVENTORY
30. PHONEDSCHIIRx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

- RETAIL
INSPECTION -
1) OK (2007 POSTED IN STORE)
2) OK
3) IBM COMPUTER SYSTEM
ON LINE TO ALL OTHER
GIANT EAGLE PHARMACIES
PDX SOFTWARE SYSTEM.
COMPUTER GENERATES A
DAILY PRINT-OUT - SIGNED BY DISPENSING RPH

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF CORRECTIVE ACTION TAKEN NOTED ON THE REVERSE SIDE, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

Amanda M. Pitt
SIGNATURE OF PERSON IN CHARGE

DATE SIGNED

01/10/07

SIGNATURE OF INSPECTOR

S. J. Boli

PHA-0610 (Rev. 02/02)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:
 DDD#: 02-1374850
 NAME:
 R.P.:
 ADDR: AGE 2 OF

AREA CODE / TELEPHONE NUMBER
 TIME IN A.M. P.M. TIME OUT A.M. P.M.

TYPE (REPAIR) FED.# EXP. DATE

HOURS OPEN (DAILY) (SAT.) (SUN. & HOLIDAYS)

CAT:
 CNTY:
 CLASS: 05

RESPONSIBLE PERSON TITLE/I.D. NO. INIT. USED

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING
2. I.D.CARDS
3. RECORDSYSTEM
4. BARRICADE
5. MIN.STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPERDISPENSING
12. INSUFFICIENTSUPERVISION
13. INVENTORYRECORDS
14. DRUGDESTRUCTION
15. ILLEGALSALES
16. ILLEGALPURCHASES
17. SAMPLES
18. NON-REGCOMPOUNDING
19. RxBLANKS
20. IMPROPERRx'S
21. OUTDATEDDRUGS
22. DRUGLABELS
23. RxINFORMATION
24. OTC/SYRINGES
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26. RxFILES
27. RxCOPIES
28. RxINT/DATE
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32. REFILLS-INT/DATE
33. REFILLS-UA
34. EMERGENCYKIT
35. CONTINGENCYKIT
36. NON-REGDISPENSING
37. COUNSELING

4) OK

5) OK

6)

7) OK

8) OK

9) OK

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SIGNATURE OF PERSON IN CHARGE

01/10/07
 DATE SIGNED

SIGNATURE OF INSPECTOR

PHA-0610 (Rev. 02/02) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY GREEN - DISTRIBUTOR COPY PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: 02-1374850
 DDD#: 02-1374850
 NAME: 02-1374850
 R.P.: 02-1374850
 ADDR: 02-1374850
 CAT: 02-1374850
 CNTY: 02-1374850
 CLASS: 02-1374850

AREA CODE / TELEPHONE NUMBER
 TIME IN A.M. P.M. TIME OUT A.M. P.M.
 TYPE (DAILY) (SAT.) (SUN. & HOLIDAYS)
 HOURS OPEN
 RESPONSIBLE PERSON TITLE/I.D. NO. INIT. USED

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING
2. I.D.CARDS
3. RECORDSYSTEM
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7. LIBRARY
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32. REFILLS-INT/DATE
33. REFILLS-UA
34. EMERGENCYKIT
35. CONTINGENCYKIT
36. NON-REGDISPENSING
37. COUNSELING

STORE (NON-PHARMACY) EMPLOYEES
 MET WITH ON DUTY PHARMACIST
 WHO STATED THAT CUSTOMER
 CONCERNS MAY HAVE APPEARED
 TO BE CORRECT. RPH STATED
 THAT GIANT EAGLE RECENTLY
 TOOK OVER NEIGHBORING TAP
 PHARMACY, AND THEY RECENTLY
 DOUBLED AMOUNT OF RX'S
 DISPENSED PER DAY FROM 150
 TO 300. THEY ARE IN
 PROCESS OF HIRING 2

☐ PINK SHEET ISSUED FOR NUMBER(S):

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Manda M. Pelt
 SIGNATURE OF PERSON IN CHARGE

01/10/07
 DATE SIGNED

S. J. Bodi
 SIGNATURE OF INSPECTOR

PHA-0610 (Rev. 02/02) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY GREEN - DISTRIBUTOR COPY PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:
DDD#:
NAME:
R.P.:
ADDR:

02-1374850

PAGE 4 OF 5

CAT:
CNTY:

CLASS:

AREA CODE / TELEPHONE NUMBER

TIME IN

A.M.
P.M.

TIME OUT

A.M.
P.M.

TYPE

FED.#

EXP. DATE

HOURS
OPEN

(DAILY)

(SAT.)

(SUN. & HOLIDAYS)

RESPONSIBLE PERSON

TITLE/I.D. NO.

INIT. USED

PERSONNEL

INIT.
USED

TITLE/
I.D. NO.

PERSONNEL

INIT.
USED

TITLE/
I.D. NO.

1. LICENSING
2. I.D.CARDS
3. RECORDSYSTEM
4. BARRICADE
5. MIN.STANDARDS
6. SECURITY
7. LIBRARY
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32. REFILLS-INT/DATE
33. REFILLS-UA
34. EMERGENCYKIT
35. CONTINGENCYKIT
36. NON-REGDISPENSING
37. COUNSELING

RECEIVED COMPLAINT FROM
GIANT EAGLE CUSTOMER IN
DEC. 2006, STATING THAT
THE PHARMACY WAS EXTREMELY
BUSY BUT IT SEEMED TO
CUSTOMER THAT THERE WERE
TOO MANY PEOPLE IN
PHARMACY, AND THAT SOME
OF THEM APPEARED ~~TO~~
NOT TO BE PHARMACY
TECHS OR PHARMACEUTISTS, THAT
MAY HAVE BEEN OTHER

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Amanda M. Pitt
SIGNATURE OF PERSON IN CHARGE

01/10/07
DATE SIGNED

S. J. Bod
SIGNATURE OF INSPECTOR

PHA-0610 (Rev. 02/02)

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DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:
DDD#: 02-1374 850
NAME:
R.P.:
ADDR: POB 5 OF 5

AREA CODE / TELEPHONE NUMBER	TIME IN	A.M. P.M.	TIME OUT	A.M. P.M.
------------------------------	---------	--------------	----------	--------------

TYPE	FED.#	EXP. DATE
------	-------	-----------

HOURS OPEN	(DAILY)	(SAT.)	(SUN. & HOLIDAYS)
------------	---------	--------	-------------------

CAT:
CNTY:

CLASS:

RESPONSIBLE PERSON	TITLE/I.D. NO.	INIT. USED
--------------------	----------------	------------

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING
2. I.D.CARDS
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33. REFILLS-UA
34. EMERGENCYKIT
35. CONTINGENCYKIT
36. NON-REGDISPENSING
37. COUNSELING

ADDITIONAL PHARMACY TECHS
ALSO PHARMACY SUPERVISOR
KNOWS OF THEIR CONCERNS
AND HIRED A THIRD
PHARMACISTS, AND ARE
TRAINING TECHS WITH DIANT
~~THE~~ BASIC PHARMACY TECH
TRAINER THEY (G.E) ALSO
HAVE NEW \$4.00 GENERICS
AND FREE ANTIBIOTICS, PLUS
FUEL PERKS (FREE GAS/DISCOUNTS)
NEW COMPUTER SYSTEM IS IN
PLANNING STAGES.

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Amanda M. Riet
SIGNATURE OF PERSON IN CHARGE

01/10/07
DATE SIGNED

SJ Boli
SIGNATURE OF INSPECTOR

PHA-0610 (Rev. 02/02)

WHITE - OFFICE COPY

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PINK - INDIVIDUAL COPY

04-29-03AUG:38 RCVD

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

STATE BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - PHONE 614/466-4143; FAX 614/752-4836

TYPE: TERM DISTR **F** RETAIL PHARMACY
 DDD#: 02-1374850 (NEW)
 NAME: GIANT EAGLE PHARMACY
 R.P.: DOUGLAS NORRIS RPH
 ADDR: 6079 ANDREWS ROAD
 MENTOR-ON-THE-LAKE, OH 44060

PHONE (INCLUDE AREA CODE) 440-306-0011
 TIME IN 12:00 P.M. TIME OUT 1:00 P.M.
 TYPE 05 (RETAIL) Pending
 FED.#
 EXP. DATE
 HOURS OPEN (DAILY) 9:00-9:00P (SAT.) 9:00 (SUN. & HOLIDAYS) 9:00P
 RESPONSIBLE PERSON R.A. DOUG NORRIS
 TITLE/I.D. NO. INITIATED

CAT: THREE CLASS: 05
 CNTY: LAKE CO. (43)-FB 04/11/03 SP

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
R.A. DOUG NORRIS		#03-2-11337			
R.A. BOB KYTREE					

1. LICENSING
2. I.D. CARDS
3. RECORDS SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
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32. REFILLS-INT/DATE
33. REFILLS-UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

(FULL ASPECT)
 1) OK (NEW LICENSE DELIVERED THIS DATE)
 2) OK
 3) IBM COMPUTER SYSTEM IN HOUSE ONLY. COMPUTER GENERATES A DAILY LOG WHICH IS SIGNED BY DISPENSING PHARMACEUT. PDX SOFTWARE
 4) BARRICADE REPORT WRITTEN (APPROVED)

☐ PINK SHEET ISSUED FOR NUMBER(S):

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PERSON IN CHARGE

DATE SIGNED

INSPECTOR

PHA-0610 (Rev. 06/01)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

STATE BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - PHONE 614/466-4143; FAX 614/752-4836

TYPE:
 DDD#: 02-1374850
 NAME:
 R.P.:
 ADDR:
 PAGE 2 OF 2

PHONE (INCLUDE AREA CODE)

TIME

A.M.

TIME

A.M.

IN

OUT

P.M.

P.M.

TYPE

FEED #

EXP. DATE

HOURS

(DAILY)

(SAT.)

(SUN. & HOLIDAYS)

OPEN

RESPONSIBLE PERSON

TITLE/I.D. NO.

INIT. USED

CAT:

CLASS: 2

CNTY:

PERSONNEL	INIT. USED	TITLE/I.D. NO.	PERSONNEL	INIT. USED	TITLE/I.D. NO.

1. LICENSING
2. I.D. CARDS
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5. MIN. STANDARDS
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32. REFILLS-INT/DATE
33. REFILLS-UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

5) OK

6) STATE ALARM SYSTEM
(BARRICADE REPORT WRITER)

7) OK

8) OK (NEW STORE) SET
TO OPEN FOR BUSINESS
ON MAY 12, 2003.

9) OK
WHOLESALE - MCKESSON
29) DEA INVENTORY (IN
OPENING OF STORE)

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PERSON IN CHARGE

DATE SIGNED

INSPECTOR

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OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: <u>4-23-03</u>	T.D.D.D. #: <u>02-1374850</u>
BOARD AGENT: <u>FRANK BODI</u>	D.E.A. #: <u>Pending</u>

YES NO (CHECK ONE)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- ☒ ☐ Key in sealed envelope in safe. (LOCK BOX)
- ☒ ☐ All items requiring R.Ph. supervision are inside barricade.
- ☒ ☐ Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- ☒ ☐ Minimum of seven (7) feet in height.
- ☒ ☐ Fully enclosed.
- ☒ ☐ Suitable locks are provided.
- ☒ ☐ Prescription department cannot be entered when locked without obvious damage to barricade.
- ☒ ☐ No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

BARRICADE APPROVED**ELECTRONICS:**

- ☐ ☒ This is a company-owned system.
If no, leased from who? STATE ARMS
- ☒ ☐ This is a ☒ HARDWIRE / ☐ WIRELESS / ☐ BOTH system. (check one)
- ☒ ☐ There is a functional emergency "hold up" button. 3 ARMS
- ☒ ☐ System is in operation at all times when R.Ph. is not present.
- ☒ ☐ Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?
① STATE ARMS ② MENTOR-ON-LOKE P.D. ③ R.A.
- ☒ ☐ Only pharmacists possess access code to prescription room.
- ☒ ☐ System was tested this date. Date system was last tested? _____
- ☐ ☒ Slot is provided for drop-in prescriptions.
- ☒ ☐ Suitable notice of operating hours to public is posted.
- ☒ ☐ Notice of emergency service is posted.

Doug Morris
(continued on Page Two > >)

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:**I have been informed of and understand the following requirements:**

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.

SIGNED ON POOREA
 (Signature of R.Ph./Owner)

4-23-03
 (Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:

SJ BOLA
 (Signature of Board Agent)

AGENT
 (Title)

Comments:

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: 02-1374850 F	AREA CODE / TELEPHONE NUMBER: 440-306-0011	TIME IN: 1230 P.M.	TIME OUT: 1:45 P.M.
DDD#: 02-1374850 F	TYPE: 05 (RETAIL)	FED.#: B68262343	EXP. DATE: 1-30-05
NAME: GIANT EAGLE	HOURS OPEN: 9:00-9:00 P	(DAILY)	(SAT. & HOLIDAYS)
R.P.: 6079 Andrews Rd.	RESPONSIBLE PERSON: RPH. DOUG MORRIS	TITLE/I.D. NO.:	INIT. USED:
ADDR: 6079 Andrews Rd.			
CAT: MENTOR ON THE LAKE, OH			
CNTY: LAKE			
CLASS: 05			

PERSONNEL	INIT. USED	TITLE/I.D. NO.
RPH. DOUG MORRIS		#03-2-11337
RPH. ANANDA PIET		

PERSONNEL	INIT. USED	TITLE/I.D. NO.

OHIO PHARMACY BOARD
SEP - 5 2006

1. LICENSING
2. I.D.CARDS
3. RECORDSYSTEM
4. BARRICADE
5. MIN.STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPERDISPENSING
12. INSUFFICIENTSUPERVISION
13. INVENTORYRECORDS
14. DRUGDESTRUCTION
15. ILLEGALSALES
16. ILLEGALPURCHASES
17. SAMPLES
18. NON-REGCOMPOUNDING
19. RxBLANKS
20. IMPROPERRx's
21. OUTDATEDDRUGS
22. DRUGLABELS
23. RxINFORMATION
24. OTC/SYRINGES
25. GENERICMFG.
26. RxFILES
27. RxCOPIES
28. RxINT/DATE
29. DEAINVENTORY
30. PHONEDSCHIIRx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
34. EMERGENCYKIT
35. CONTINGENCYKIT
36. NON-REGDISPENSING
37. COUNSELING

(LAST INSPECT 2003)

1) OK (2006) POSTED

2) OK (2006)

3) IBM COMPUTER SYSTEM ON LINE TO ALL OTHER GIANT EAGLE PHARMACIES PDX SOFTWARE. COMPUTER OPERATES & DAILY PRINT-OUT WHICH IS SIGNED BY DISPENSING RPH.

Giant Eagle Pharmacy #1217
6079 Andrews Road
Mentor on the Lake, Ohio 44060

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF CORRECTIVE ACTION TAKEN NOTED ON THE REVERSE SIDE, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE: [Signature] DATE SIGNED: 8/23/06

SIGNATURE OF INSPECTOR: [Signature]

PHA-0610 (Rev. 02/02) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY GREEN - DISTRIBUTOR COPY PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY: 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:
DDD#:
NAME:
R.P.:
ADDR:

02-1374850

PAGE 2 OF 3

CLASS:

AREA CODE / TELEPHONE NUMBER

TIME IN
A.M.
P.M.

TIME OUT
A.M.
P.M.

TYPE
(05) RPAIC

FED.#

EXP. DATE

HOURS
OPEN

(DAILY)

(SAT.)

(SUN. & HOLIDAYS)

RESPONSIBLE PERSON

TITLE/I.D. NO.

INIT. USED

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING
2. I.D.CARDS
3. RECORDSYSTEM
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32. REFILLS-INT/DATE
33. REFILLS-UA
34. EMERGENCYKIT
35. CONTINGENCYKIT
36. NON-REGDISPENSING
37. COUNSELING

4) BARRICADE REPORT
WRITTEN (APPROVED)

5) OK

6) STATE ORACON COMPANY

7) OK (UPDATED TO

8) OK

☐ PINK SHEET ISSUED FOR NUMBER(S):

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8-23-06

SIGNATURE OF PERSON IN CHARGEDATE SIGNEDSIGNATURE OF INSPECTOR

PHA-0610 (Rev. 02/02) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY GREEN - DISTRIBUTOR COPY PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: NAME: R.P.: ADDR:	02-1374850 PAGE 3 OF 3 CLASS: 3	AREA CODE / TELEPHONE NUMBER	TIME IN A.M. P.M.	TIME OUT A.M. P.M.
CAT: CNTY:		TYPE FED.#	EXP. DATE	
		HOURS OPEN (DAILY) (SAT.) (SUN. & HOLIDAYS)		
		RESPONSIBLE PERSON	TITLE/I.D. NO.	INIT. USED

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING 2. I.D.CARDS 3. RECORDSYSTEM 4. BARRICADE 5. MIN.STANDARDS 6. SECURITY 7. LIBRARY 8. CLEANLINESS 9. REFRIGERATION 10. ACCOUNTABILITY 11. IMPROPERDISPENSING 12. INSUFFICIENTSUPERVISION 13. INVENTORYRECORDS 14. DRUGDESTRUCTION 15. ILLEGALSALES 16. ILLEGALPURCHASES 17. SAMPLES 18. NON-REGCOMPOUNDING 19. RxBLANKS 20. IMPROPERRx'S 21. OUTDATEDDRUGS 22. DRUGLABELS 23. RxINFORMATION 24. OTC/SYRINGES 25. GENERICMFG. 26. RxFILES 27. RxCOPIES 28. RxINT/DATE 29. DEAINVENTORY 30. PHONEDSCHIIRx 31. REFILLS-6MO/5X 32. REFILLS-INT/DATE 33. REFILLS-UA 34. EMERGENCYKIT 35. CONTINGENCYKIT 36. NON-REGDISPENSING 37. COUNSELING	9) OK (2 IN STORE ONE FOR DRUGS ONLY AND ONE FOR FOOD ONLY) 10) DEA 222 ORDER FORMS IN ORDER - 29) DEA INVENTORY - 5-1-05 (OPENING) APPROX. DAILY RX - 160 LAST RX # - 6044532 THEFTS - NONE WHOLESALE - MEKESON
---	--

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	8-23-00	
SIGNATURE OF PERSON IN CHARGE	DATE SIGNED	SIGNATURE OF INSPECTOR

PHA-0610 (Rev. 02/02) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY GREEN - DISTRIBUTOR COPY PINK - INDIVIDUAL COPY

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: <u>08-23-06</u>	T.D.D.D. #: <u>02-1374850</u>
BOARD AGENT: <u>IRB</u>	D.E.A. #: <u>B68262343</u>

YES NO (Place an X on the appropriate line for each statement below)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- ☒ — Key in sealed envelope in safe.
- ☒ — All items requiring R.Ph. supervision are inside barricade.
- ☒ — Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- ☒ — Minimum of seven (7) feet in height.
- ☒ — Fully enclosed.
- ☒ — Suitable locks are provided.
- ☒ — Prescription department cannot be entered when locked without obvious damage to barricade.
- ☒ — No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

BARRICADE
APPROVED

ELECTRONICS:

- ☒ — This is a company-owned system.
If no, leased from who? STATE ALARMS
- ☒ — This is a ☒ HARDWIRE / ☐ WIRELESS / ☐ BOTH system. (check one)
- ☒ — There is a functional emergency "hold up" button.
- ☒ — System is in operation at all times when R.Ph. is not present.
- ☒ — Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?
① STATE ALARMS ② MURKIN ③ R.P.A.
- ☒ — Only pharmacists possess access code to prescription room.
- ☒ — System was tested this date. Date system was last tested? _____
- ☒ — Slot is provided for drop-in prescriptions.
- ☒ — Suitable notice of operating hours to public is posted.
- ☒ — Notice of emergency service is posted.


OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:**I have been informed of and understand the following requirements:**

1. No prescription item may be sold when the prescription department is closed.
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4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
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7. All dangerous drugs are to be stored within the barricaded area.



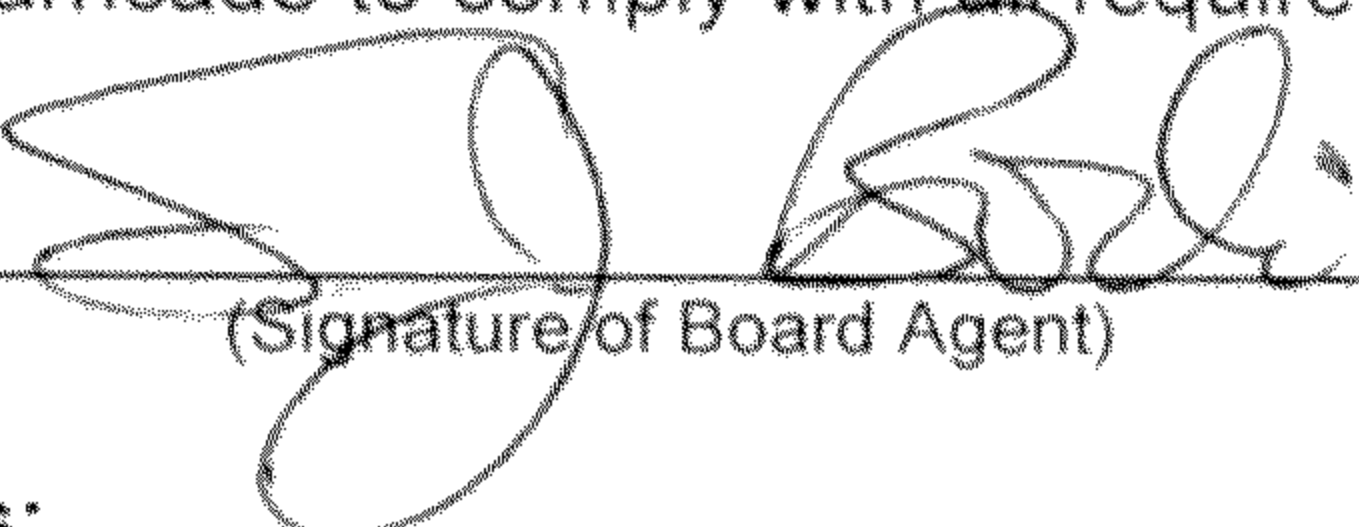
 (Signature of R.Ph./Owner)

1:40 8/23/06

 (Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:



 (Signature of Board Agent)



 (Title)

Comments:

**Giant Eagle Pharmacy #1217
 6079 Andrews Road
 Mentor on the Lake, Ohio 44060**

FEB 13 2013

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, RM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143, FAX 614-752-4836

TYPE: <u>RPL</u>	AREA CODE / TELEPHONE NUMBER	TIME IN	TIME OUT
DDD#: <u>021374850</u>	<u>440-306-0011</u>	<u>1:30</u> <u>PM</u>	<u>3:15</u> <u>PM</u>
NAME: <u>Giant Eagle #1217</u>	TYPE	FED. #	EXP. DATE
R.P.: <u>1 of 4</u>	<u>RPL</u>	<u>BG8262343</u>	<u>9/30/14</u>
ADDR: <u>Lance Smith, RPL.</u>	HOURS OPEN		
<u>6079 Andrews Rd.</u>	<u>M-F 9-9 Sat 9-5 Sun 9-5</u>		
<u>Mentor on the Lake OH 44060</u>	FAX NUMBER	EMAIL	
CAT: <u>43</u>	<u>440-306-0022</u>		
CNTY: <u>43</u>			

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
Todd Markowski		03225387	GIANT EAGLE #1217		
Rudy Kozan		03110873	6079 Andrews Rd.		
Lisa Krajnak		033217N	Mentor on the Lake		
			Ohio 44060		
			phone 440-306-0011		
			fax 440-306-0022		

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
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14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
20. IMPROPER RX'S
21. OUTDATED DRUGS
22. DRUG LABELS
23. RX INFORMATION
24. OTC/SYRINGES
26. RX FILES
27. RX COPIES
28. RX INT/DATE
29. DEA INVENTORY
30. PHONED C-II Rx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☒ Partial ☐

- 1) OSBP - DEA licenses current + posted.
 - 2) OK
 - 3) PDX version 4.7.00 dispensing software.
- Giant Eagle is currently implementing new windows based Rapid Fill software - not yet at this site.
- Five computer terminals handle data entry, patient profile information, DUR verification.
- Daily dispensing authentication log prints out.
- Signed by dispensing RPL. Daily Cognitive services report lists all RX's with DUR issues and RPh who resolved issue.
- 4) Fully enclosed barricade - Barricade inspection report completed.

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SIGNATURE OF PERSON IN CHARGE

DATE

SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

11/17/2017
11/17/2017
11/17/2017
11/17/2017
11/17/2017
11/17/2017

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, RM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 021384850 NAME: R.P.: ADDR: CAT: CNTY:	AREA CODE / TELEPHONE NUMBER TIME IN A.M. P.M. TIME OUT A.M. P.M. TYPE FED. # EXP. DATE HOURS OPEN FAX NUMBER EMAIL
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PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

254

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
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6. SECURITY
7. LIBRARY
8. CLEANLINESS
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32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☐ Partial ☐

5.) OK

6.) Electronic alarm backs up physical barricade
Only RPh's possess alarm codes - 4 full time RPh's. No recent thefts or significant losses.

7.) RPh. able to access Ohio drug laws and rules on OSBP website.

8.) OK - pharmacy currently being remodeled.

9.) Two mini refrigerators and one mini freezer - all at proper temperature.

10.) Controlled drug box contains records of accountability. CII & notices monitored in monthly folders. CII notices attached to DEA 222 forms. Forms properly executed

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

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 SIGNATURE OF PERSON IN CHARGE	2/5/13 DATE	 SIGNATURE OF INSPECTOR	2/5/13 DATE
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PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, RM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 021374850 NAME: R.P.: ADDR: CAT: CNTY:	AREA CODE / TELEPHONE NUMBER TIME IN A.M. P.M. TIME OUT A.M. P.M. TYPE FED. # EXP. DATE HOURS OPEN FAX NUMBER EMAIL
---	---

3 & 4

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

<ol style="list-style-type: none"> 1. LICENSING 2. I.D. CARDS 3. RECORD SYSTEM 4. BARRICADE 5. MIN. STANDARDS 6. SECURITY 7. LIBRARY 8. CLEANLINESS 9. REFRIGERATION 10. ACCOUNTABILITY 11. IMPROPER DISPENSING 12. INSUFFICIENT SUPERVISION 13. INVENTORY RECORDS 14. DRUG DESTRUCTION 15. ILLEGAL SALES 16. ILLEGAL PURCHASES 17. SAMPLES 20. IMPROPER Rx's 21. OUTDATED DRUGS 22. DRUG LABELS 23. Rx INFORMATION 24. OTC/SYRINGES 26. Rx FILES 27. Rx COPIES 28. Rx INT/DATE 29. DEA INVENTORY 30. PHONED C-II Rx 31. REFILLS-6MO/5X 32. REFILLS-INT/DATE 33. REFILLS-UA 37. COUNSELING 38. PSE SALES 39. OARRS 40. CONFIDENTIALITY 	<p>upon receiving order from McKesson - primary wholesaler for controls.</p> <p>3.) Two perpetual C-II log books maintained. Monthly inventory counts conducted.</p> <p>21.) Outdates stored in box in storage room. Approaching outdates marked with colored stakes.</p> <p>23.) C-II files checked. RXs properly contain prescriber DEA, quantity in alpha + numeric format. CII-V RXs checked - phase in RXs properly list prescriber agent full name</p> <p>24.) Syringes stored on rear wall out of customer access.</p> <p>26.) 4 part filing system.</p>
--	---

Full ☐ Partial ☐

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SIGNATURE OF PERSON IN CHARGE	2/5/13 DATE	SIGNATURE OF INSPECTOR	2/5/13 DATE
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PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

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PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

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--	---

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SIGNATURE OF PERSON IN CHARGE	2/5/13 DATE	SIGNATURE OF INSPECTOR	2/5/13 DATE
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PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: <u>2/5/2013</u>	T.D.D.D. #: <u>021374850</u>
BOARD AGENT: <u>Edwards</u>	D.E.A. #: <u>B68262343</u>

YES NO (Place an X on the appropriate line for each statement below)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- ☒ ☐ Key in sealed envelope in safe.
- ☒ ☐ All items requiring R.Ph. supervision are inside barricade.
- ☒ ☐ Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- ☒ ☐ Minimum of seven (7) feet in height.
- ☒ ☐ Fully enclosed.
- ☒ ☐ Suitable locks are provided.
- ☒ ☐ Prescription department cannot be entered when locked without obvious damage to barricade.
- ☒ ☐ No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

ELECTRONICS:

- ☐ ☒ This is a company-owned system.
If no, leased from who? State Alarm
- ☐ ☐ This is a ☒ HARDWIRE / ☐ WIRELESS / ☐ BOTH system. (check one)
- ☒ ☐ There is a functional emergency "hold up" button.
- ☒ ☐ System is in operation at all times when R.Ph. is not present.
- ☒ ☐ Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?
Audible alarm + RPh called at home
- ☒ ☐ Only pharmacists possess access code to prescription room.
- ☐ ☒ System was tested this date. Date system was last tested? _____
- ☐ ☒ Slot is provided for drop-in prescriptions.
- ☒ ☐ Suitable notice of operating hours to public is posted.
- ☐ ☐ Notice of emergency service is posted.

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:

I have been informed of and understand the following requirements:

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.

[Signature]
(Signature of R.Ph./Owner)

2-5-13
(Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:

[Signature]
(Signature of Board Agent)

Agent
(Title)

Comments:

Fully enclosed barricade with electronic alarm back up. Wall beside drop off/waiting area recently modified - extra counter and cabinet space added where patient waiting area had been. Same gate and locks still in use. Wall shortened by approx 18 inches. Construction took place after hours with RPh. present.

Barricade Approved.

PHA-0611 (Rev. 04/04)

GIANT EAGLE #1217
6079 Andrews Rd.
Mentor on the Lake
Ohio 44060
phone 440-306-0011
fax 440-306-0022

^^ PLACE STORE STICKER/STAMP HERE ^^

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: <u>RTPC</u> DDD#: <u>021374850</u> NAME: <u>Giant Eagle</u> R.P.: <u>Lance Smith, RPh.</u> ADDR: <u>6079 Andrews Rd.</u> <u>Mentor on the Lake, OH 44060</u> CAT: <u>IV</u> CLASS: <u>05</u> CNTY: <u>Lake-43</u>	AREA CODE / TELEPHONE NUMBER <u>440-306-0011</u> TIME IN A.M. <u>3:00 PM</u> TIME OUT A.M. <u>4:15 PM</u> TYPE FED. # EXP. DATE <u>Retail Chain</u> <u>BG-8262343</u> HOURS OPEN <u>M-F 9-9 Sat 9-6 Sun 9-5</u> FAX NUMBER EMAIL <u>440-306-0022</u>
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PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
<u>Lance Smith</u>		<u>03228007</u>	<u>Jordan Staley</u>		<u>06007688</u>
<u>Douglas Norris</u>		<u>03211337</u>			
<u>Scott Nutti</u>		<u>03112420</u>	<u>Giant Eagle Pharmacy #1217</u>		
			<u>6079 Andrews Road</u>		
			<u>Mentor on the Lake, Ohio 44060</u>		

<ul style="list-style-type: none"> <input type="checkbox"/> 1. LICENSING <input type="checkbox"/> 2. I.D. CARDS <input type="checkbox"/> 3. RECORD SYSTEM <input type="checkbox"/> 4. BARRICADE <input type="checkbox"/> 5. MIN. STANDARDS <input type="checkbox"/> 6. SECURITY <input type="checkbox"/> 7. LIBRARY <input type="checkbox"/> 8. CLEANLINESS <input type="checkbox"/> 9. REFRIGERATION <input type="checkbox"/> 10. ACCOUNTABILITY <input type="checkbox"/> 11. IMPROPER DISPENSING <input type="checkbox"/> 12. INSUFFICIENT SUPERVISION <input type="checkbox"/> 13. INVENTORY RECORDS <input checked="" type="checkbox"/> 14. DRUG DESTRUCTION <input type="checkbox"/> 15. ILLEGAL SALES <input type="checkbox"/> 16. ILLEGAL PURCHASES <input type="checkbox"/> 17. SAMPLES <input type="checkbox"/> 20. IMPROPER Rx's <input checked="" type="checkbox"/> 21. OUTDATED DRUGS <input type="checkbox"/> 22. DRUG LABELS <input checked="" type="checkbox"/> 23. Rx INFORMATION <input type="checkbox"/> 24. OTC/SYRINGES <input checked="" type="checkbox"/> 26. Rx FILES <input type="checkbox"/> 27. Rx COPIES <input type="checkbox"/> 28. Rx INT/DATE <input checked="" type="checkbox"/> 29. DEA INVENTORY <input type="checkbox"/> 30. PHONED C-II Rx <input type="checkbox"/> 31. REFILLS-6MO/5X <input checked="" type="checkbox"/> 32. REFILLS-INT/DATE <input type="checkbox"/> 33. REFILLS-UA <input checked="" type="checkbox"/> 37. COUNSELING <input type="checkbox"/> 38. PSE SALES <input checked="" type="checkbox"/> 39. OARRS <input type="checkbox"/> 40. CONFIDENTIALITY 	<p>1.) <u>OSBP and PEA licenses current and posted.</u></p> <p>2.) <u>OK</u> 3.) <u>PDX software version 4.6.08 six</u></p> <p><u>terminals capable of performing all dispensing functions</u></p> <p><u>Patient profile recall date back at least 12 months.</u></p> <p><u>Barcode verification and unique password used to</u></p> <p><u>complete DUR and final verification. All Giant</u></p> <p><u>Eagle's connected on real time online system</u></p> <p><u>for patient profile searches and Rx transfers.</u></p> <p><u>Data backup performed on secure tapes each day.</u></p> <p><u>RPh's sign Daily Authentication log which lists</u></p> <p><u>each Rx verified by each RPh. 4.) Fully enclosed</u></p> <p><u>barricade - see completed barricade inspection</u></p> <p><u>report. 5.) OK 6.) No thefts or significant</u></p>
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☐ 7-27-09 PINK SHEET ISSUED FOR NUMBER(S): _____

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

 SIGNATURE OF PERSON IN CHARGE	<u>7-13-09</u> DATE	 SIGNATURE OF INSPECTOR	<u>7/13/09</u> DATE
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PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

1.



DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: 021374850 DDD#: NAME: R.P.: ADDR: 2 at 4 CAT: CNTY: CLASS:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">AREA CODE / TELEPHONE NUMBER</td> <td style="width: 10%;">TIME IN</td> <td style="width: 10%;">A.M.</td> <td style="width: 10%;">TIME OUT</td> <td style="width: 10%;">A.M.</td> </tr> <tr> <td></td> <td></td> <td>P.M.</td> <td></td> <td>P.M.</td> </tr> <tr> <td colspan="2">TYPE</td> <td colspan="2">FED. #</td> <td>EXP. DATE</td> </tr> <tr> <td colspan="5">HOURS OPEN</td> </tr> <tr> <td colspan="2">FAX NUMBER</td> <td colspan="3">EMAIL</td> </tr> </table>	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.			P.M.		P.M.	TYPE		FED. #		EXP. DATE	HOURS OPEN					FAX NUMBER		EMAIL		
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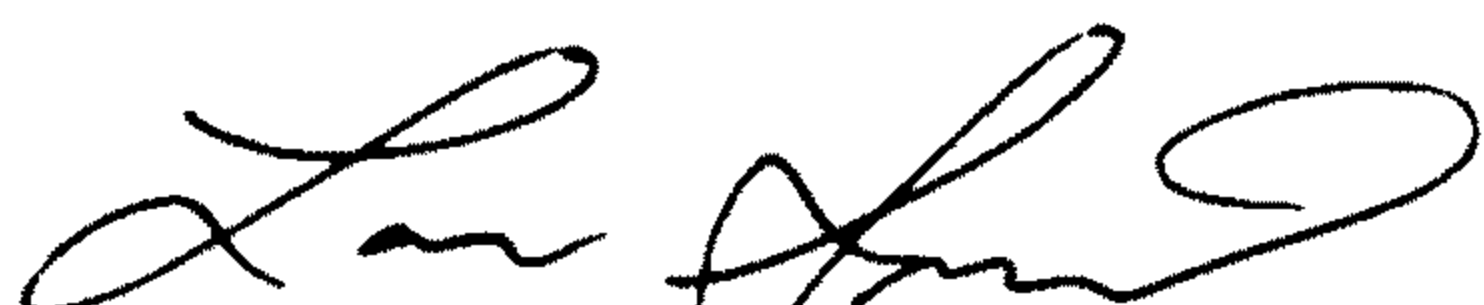
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<ol style="list-style-type: none"> 1. LICENSING 2. I.D. CARDS 3. RECORD SYSTEM 4. BARRICADE 5. MIN. STANDARDS 6. SECURITY 7. LIBRARY 8. CLEANLINESS 9. REFRIGERATION 10. ACCOUNTABILITY 11. IMPROPER DISPENSING 12. INSUFFICIENT SUPERVISION 13. INVENTORY RECORDS 14. DRUG DESTRUCTION 15. ILLEGAL SALES 16. ILLEGAL PURCHASES 17. SAMPLES 20. IMPROPER Rx's 21. OUTDATED DRUGS 22. DRUG LABELS 23. Rx INFORMATION 24. OTC/SYRINGES 26. Rx FILES 27. Rx COPIES 28. Rx INT/DATE 29. DEA INVENTORY 30. PHONED C-II Rx 31. REFILLS-6MO/5X 32. REFILLS-INT/DATE 33. REFILLS-UA 37. COUNSELING 38. PSE SALES 39. OARRS 40. CONFIDENTIALITY 	<p>losses in past few years. You are always to provide adequate and effective security to deter and detect diversion of dangerous drugs.</p> <p>7.) RPL demonstrated ability to access OSBP website and Ohio Drug laws & Rules. 8.) OK</p> <p>9.) OK 10.) DEA 222 forms properly executed upon receipt of C-II order. McKesson and Andia are wholesalers for C-II purchases. No wholesale sales being made. All records of accountability must be kept complete and accurate and on site available for inspection for 3 years. 14.) RPL inquired about destroying outdated/damaged controlled substances that cannot be sent back</p>
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F ☐ P ☐

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7-13-09
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 SIGNATURE OF INSPECTOR

7/13/09
 DATE

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40. CONFIDENTIALITY

F ☐ P ☐

to Capital Returns. RPL. advised to send a letter listing medications to be destroyed to OSBP to request a one time destruction.

21.) Approaching outdates clearly marked with yellow circle stickers on bottle. 23.) CII-I files checked Rx's properly contain patient full name and address. Pharm in Rx's properly document full name of doctor agent. 26.) 3 part filing system in place. 28.) Original hard copy Rx's properly initialed by verifying RPL. 29.) Last biennial inventory completed 5/1/09 at open of business. 32.) Daily Authentication logs print out for each dispensing RPL. Logs are signed by verifying RPL showing

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--	---

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4 .

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

OHIO PHARMACY BOARD

DATE: <u>7/13/09</u>	T.D.D.D. #: <u>021374850</u> <u>JUL 22 2009</u>
BOARD AGENT: <u>Edwards</u>	D.E.A. #: <u>BG8262343</u>

YES NO (Place an X on the appropriate line for each statement below)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- X — Key in sealed envelope in safe.
- X — All items requiring R.Ph. supervision are inside barricade.
- X — Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- X — Minimum of seven (7) feet in height.
- X — Fully enclosed.
- X — Suitable locks are provided.
- X — Prescription department cannot be entered when locked without obvious damage to barricade.
- X — No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

ELECTRONICS: Backup to physical barricade

- X This is a company-owned system.
If no, leased from who? State Alarm
- X — This is a — HARDWIRE / X WIRELESS / — BOTH system. (check one)
- X — There is a functional emergency "hold up" button.
- X — System is in operation at all times when R.Ph. is not present.
- X — Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?
R.Ph. called at home
- X — Only pharmacists possess access code to prescription room.
- X System was tested this date. Date system was last tested? _____
- X Slot is provided for drop-in prescriptions.
- X — Suitable notice of operating hours to public is posted.
- — Notice of emergency service is posted.

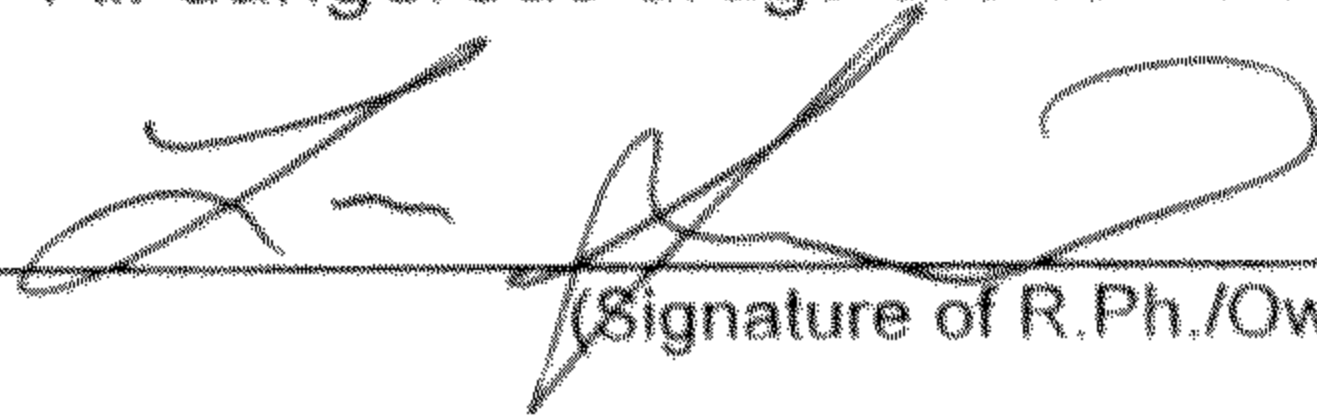
OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:**I have been informed of and understand the following requirements:**

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3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.



(Signature of R.Ph./Owner)

7-13-09

(Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:



(Signature of Board Agent)

Agent

(Title)

Comments:

Fully enclosed barricade. Steel gate encloses front of pharmacy. Electronic alarm backs up barricade. 2 motion sensors 3 sets of keys plus one floater set.

Barricade Approved

Giant Eagle Pharmacy #1217
6079 Andrews Road
Mentor on the Lake, Ohio 44060



State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126

(614) 466-4143 | Fax (614) 752-4836 | <http://www.pharmacy.ohio.gov>

License 021374850

Giant Eagle Pharmacy 1217

6079 Andrews Road
Mentor-on-the-lake, OH 44060
Lake County

Retail Pharmacy - Large Chain

Category Three

Full Inspection

August 10, 2015



License 021374850 - Giant Eagle Pharmacy 1217

Full

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836
<http://www.pharmacy.ohio.gov>

Completed by William Trey Edwards
Start 8/10/2015 12:45 PM
End 8/10/2015 1:50 PM

Organization

Name Giant Eagle Pharmacy 1217	License Type Retail Pharmacy - Large Chain	Category Category Three
License Number 021374850	Business Type Large Chain Pharmacy - 12 Or More Outlets	DEA Number BG8262343
Responsible Person Todd J. Markowski, R.Ph.	Hours of Operation	

Contact

Address 6079 Andrews Road Mentor-on-the-lake, OH 44060 Lake County	Primary Number (440) 306-0011	Fax Number (440) 306-0022	Website
--	---	-------------------------------------	----------------

Personnel

<u>Name</u>	<u>Initials</u>	<u>Position</u>	<u>I.D. No.</u>	<u>Phone</u>	<u>Email</u>
Denise Gardner, R.Ph.	DR	Pharmacist	03326998		
Todd J. Markowski, R.Ph.	T.J.M.		03225387	(440) 257-0307	toddmarkowski@oh.rr.com
Jordan Staley, R.Ph.	JS	Pharmacist			

1) Physical barricade

1) Does the pharmacy have a fully enclosed barricade or an open air barricade?

Fully enclosed barricade

2) Are adequate locks provided for the pharmacy barricade?

Yes

3) Are all of the keys (except for floater keys) to the pharmacy barricade under pharmacist control?

Yes

4) If the pharmacy has the "floater" keys, are they secure and tamper evident?

Yes

Observation

Locked in lock box with key only access.

5) When in use, does the pharmacy barricade secure all items requiring pharmacist supervision?

Yes

Observation

Locked cage in stock room for old records.

6) When the barricade is in use can the pharmacy be entered without making obvious damage to the barricade?

No

7) Was the barricade put into use before receiving Board of Pharmacy approval?

No

8) When the pharmacy is closed, do any non-pharmacist personnel have access to any items, products, or equipment stored within the pharmacy barricade?

No

9) Does the pharmacy have a "drop box" where new prescription and/or refill prescription orders can be deposited when no pharmacist is present?

No

2) Electronic barricade**1) Who owns the pharmacy alarm system?**

The alarm company.

Observation

State Alarm

2) Who monitors the pharmacy alarm and what is their phone number?

Observation

State Alarm 1-888-726-8111

3) Does anyone other than a pharmacist have the code or the key to the alarm system?

No

Observation

No issues found.

4) Does each pharmacist have their own individualized alarm code?

Yes

5) Is the alarm a hard wired alarm, wireless, or both?

Hard wired.

6) Does the alarm detect entry into the pharmacy?

Yes

Observation

No issues found.

7) Can the alarm system be bypassed when in use?

No

Observation

No issues found.

8) Was the pharmacy alarm tested during this inspection?

The pharmacy alarm was not tested on this date. Document the date it was last tested.

Observation

Week of June 29 when power went out.

3) RPh/Owner Statement of Understanding**1) I have been informed of and understand the following requirements:**

Observation

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7. All dangerous drugs are to be stored within the barricaded area.

Summary**No Issue Found**

The Organization does not have any items to correct according to this inspection.

Reviewed by Todd J. Markowski, R.Ph.



(signature)



State of Ohio Board of Pharmacy

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Retail Pharmacy - Large Chain

Category Three

Full Inspection

August 10, 2015

Written Response Required

License 021374850 - Giant Eagle Pharmacy 1217

Page: 2 of 11

Written Response Items

19) Errors in Dispensing

- 1) How are dispensing errors being documented by the pharmacy?

036116

2015 SEP -1 AM 11:36
RECEIVED
HIO BOARD OF PHARMACY

Printed: 8/10/2015 4:03 PM

Page: 2 of 11



License 021374850 - Giant Eagle Pharmacy 1217

Full

State of Ohio Board of Pharmacy

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Start 8/10/2015 1:55 PM

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Name Giant Eagle Pharmacy 1217	License Type Retail Pharmacy - Large Chain	Category Category Three
License Number 021374850	Business Type Large Chain Pharmacy - 12 Or More Outlets	DEA Number BG8262343
Responsible Person Todd J. Markowski, R.Ph.	Hours of Operation	

Contact

Address 6079 Andrews Road Mentor-on-the-lake, OH 44060 Lake County	Primary Number (440) 306-0011	Fax Number (440) 306-0022	Website
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Personnel

<u>Name</u>	<u>Initials</u>	<u>Position</u>	<u>I.D. No.</u>	<u>Phone</u>	<u>Email</u>
Denise Gardner, R.Ph.	DR	Pharmacist	03326998		
Todd J. Markowski, R.Ph.	T.J.M.		03225387	(440) 257-0307	toddmarkowski@oh.rr.com
Jordan Staley, R.Ph.	JS	Pharmacist	03232968		

1.1) The OSBP License

1) Is the pharmacy TDDD license readily retrievable for inspection?

Yes

2) Is the Pharmacy TDDD license current and up to date?

Yes

3) Has the pharmacy TDDD license been signed by the Responsible Pharmacist?

Yes

4) Have any changes in the pharmacy's ownership, business name, category, or address occurred without notification to the Board of Pharmacy?

No

1.2) The Responsible Person

1) Is there a current Responsible Person for the TDDD license?

Yes

2) Have changes in the pharmacy's "Responsible Person" been properly reported to the OSBP?

Yes

1.3) The DEA Certificate

1) Is the pharmacy's DEA certificate current?

Yes

2) Is the pharmacy's DEA certificate posted for inspection?

Yes

2.1) RPh Wall Certificates

1) Are the pharmacists OSBP wall certificates posted within the pharmacy?

Yes

2.2) ID Cards**1) Have all pharmacists and Pharmacy Interns signed their Board of Pharmacy wallet license?**

Yes

2) Are the pharmacists or pharmacy Interns practicing pharmacy without having their ID card on their person?

No

2.3) Unlicensed Practice Issues**1) Has the practice of pharmacy been performed by any lapsed or unlicensed individual?**

No

3.1) Record Availability**1) Can the pharmacy produce a detailed patient profile for the past 12 months immediately upon request?**

Yes

2) Can the pharmacy produce three (3) years of dispensing records within three (3) business days?

Yes

3.2) Manual Record Keeping Systems**1) Is the pharmacy operating with a true Manual record keeping system?**

No

2) Are dispensing labels being created?

Yes

3.3.1) Basic Questions Pertaining To The ARKS**1) What is the name of the Alternative Record Keeping System (ARKS) being used by the pharmacy?**Observation

Enterprise Pharmacy System

2) What is the operating system for the ARKS?

Windows

Observation

Windows

3) Is the ARKS pharmacy owned, or provided by a third-party vendor?

Third-party vendor

4) What is the current version of the ARKS?Observation

2.06.00.010

3.3.2) Purged ARKS Data**3) Does the pharmacy backup its ARKS?**

Yes

Observation

Backed up at corporate HQ

3.3.3) Stand Alone ARKS**1) Is the ARKS a "Stand Alone" system maintained at the licensed pharmacy?**

No

2) How many total ARKS dispensing terminals are there?

13

Observation

13 terminals

3) Are there any ARKS dispensing terminals outside the pharmacy barricade?

No

4) Can access to dispensing data, and/or dispensing functions, be made from any location outside the pharmacy barricade?

Yes

Observation

Giant Eagle Central Fill counts, labels and ships some prescriptions. DUR and verification completed at this store.

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3.3.4) Shared ARKS**1) Is the shared ARKS "a real time online system", and used for the review and transfer of dispensing data?**

Yes

Observation

Yes

2) Does the pharmacy's real time online ARKS prevent a patient from receiving more dispensings than authorized by the original prescription?

Yes

3.3.5) ARKS Downtime**1) In the event that the ARKS experiences "downtime", is the pharmacy's dispensing process compliant with 4729-5-27(K)?**

Yes

3.3.6) ARKS Record Accuracy**1) Are required records of accountability being kept complete and accurate in the ARKS?**

Yes

3.3.7) True Edit Trails**1) Can dispensing data be permanently removed (deleted) from the ARKS?**

No

Observation

It is not possible to permanently remove (delete) dispensing data from the ARKS.

2) Does the pharmacy's ARKS maintain a "True Edit Trail" of changes made to all required dispensing data?

Yes

Observation

The pharmacy's ARKS maintains a "True Edit Trail" of changes made to all required dispensing data.

3) Can deleted or edited dispensing data be retrieved for inspection by the OSBP?

Yes

Observation

Deleted or edited dispensing data can be retrieved for inspection by the OSBP.

3.3.8) ARKS Security**1) Does the ARKS control the level of access based on duties (Technician vs. Pharmacist)?**

Yes

Observation

The ARKS controls access levels based on pharmacy duties (Technician vs. Pharmacist). Access level of pharmacists, Qualified Technicians, and support staff are unique based on their level of authority/responsibility.

2) Are on-duty pharmacists controlling and supervising ARKS access and use?

Yes

Observation

The on-duty pharmacists are controlling and supervising the ARKS access and use.

3) When logging into the ARKS, what is the security access to dispensing functions?

Username & Password

Fingerprint

Observation

User name and password required to obtain NDC barcode reader to count medications. Fingerprint used for verification.

3.4) Traditional Paper Positive Identification**1) What is the method of positive ID, for the act of dispensing?**

Manually initialing (or signing), and dating, original Rx's?

Manually signing and dating a daily computerized printout containing refill dispensing data?

3.5) ePositive Identification**1) Is a paperless positive ID system being used that has not been made approvable by the Board of Pharmacy?**

No

2) Is there documentation the pharmacy's paperless positive ID system was made approvable by the Board of Pharmacy?

No

3) Have any changes been made to the pharmacy's paperless positive ID system, from what was originally made approvable?

No

3.6) Other Areas Requiring Positive ID**1) Is there positive ID for the practice of pharmacy at data entry, DUR, act of dispensing, and counseling?**

Yes

5) Minimum Standards**1) Is the phone number for poison control readily accessible in the pharmacy?**

Yes

2) Does the pharmacy have the proper equipment to conduct the practice of pharmacy?

Yes

3) Does the pharmacy have enough drug stock fill most prescription requests?

Yes

4) Does the pharmacy have the containers necessary to dispense a variety of medication types and sizes?

Yes

5) Is there adequate space and fixtures within the pharmacy barricade to effectively operate a retail pharmacy?

Yes

6) Are the pharmacy operating hours posted in plain view for the public to see?

Yes

7) Is there evidence to indicate a problem with staffing levels?

No

8) Are the pharmacy employees wearing name tags with their job title?

Yes

6) Security**1) Is the security of the pharmacy drug stock adequate to detect and deter drug theft and diversion?**

Yes

2) Are all of the pharmacy's drug stocks kept within the pharmacy barricade?

Yes

3) Are all records of accountability that are stored outside of the pharmacy barricade but within the same physical location either secure or tamper evident?

Yes

4) Does the Pharmacy have an off site facility for the storage of records of accountability?

No, all records are stored at the same physical location as the pharmacy.

5) Has the pharmacy experienced any drug thefts or losses in the last three (3) years?

No

Observation

Not to the RPh.'s knowledge.

6) Drug Theft or Loss StatementObservation

Any theft or significant loss of drugs must be reported, by telephone, to the Board of Pharmacy and local law enforcement immediately upon discovery. If a controlled substance the DEA must be notified as well using a DEA-106 form.

7) Library

1) Does the pharmacy have an up to date "Drug Laws of Ohio" book, or an online resource to access the required information?

Yes

2) Does the pharmacist have access to the paper/electronic references necessary to appropriately practice pharmacy?

Yes

8) Cleanliness

1) Is the pharmacy clean and well lit?

Yes

9) Refrigeration

1) Are all pharmacy refrigerators and/or freezers is good working order with an adequate system in place to ensure that the medications stored within are stored at appropriate temperatures?

Yes

10.1) Drug Ordering Procedeures

1) Is the pharmacy using paper DEA-222 order forms, or are they using an electronic DEA-222 ordering system being used?

Electronic DEA-222 ordering system is being used.

10.3) Electronic C-II drug order receipt

1) When using an electronic drug ordering system, is the pharmacy creating a record of receipt that is electronically linked to the original order?

Yes

10.4) Wholesale information

1) Who are the wholesale drug distributors utilized by this pharmacy?

Observation

Mckesson, Anda, Giant Eagle warehouse.

11) Improper Dispensings

1) Are the pharmacist performing a prospective Drug Utilization Review?

Yes

2) Is the pharmacy using the correct NDC number when dispensing drugs?

No

12) Insufficient Supervision

1) Is there pharmacist supervision of the dangerous drugs and other pharmacy employees at all times while the pharmacy is open and operating?

Yes

2) Are only pharmacists performing tasks requiring professional judgment?

Yes

13) Inventory Records

1) Are all records and invoices pertaining to the pharmacy's drug stock on hand for review?

Yes

2) Does the pharmacy keep a perpetual C-II drug inventory?

Yes, the pharmacy keeps a perpetual C-II drug inventory and it appears to be accurate.

14) Drug Destruction

1) Has the pharmacy complied with OAC 4729-9-06 in order to destroy controlled substances?

Yes

2) Does the pharmacy have dangerous drugs to be destroyed?

Yes

Observation

R.Ph. inquired about proper procedure to destroy accumulated broken/partial tablets. He will send a letter to OSBP requesting a one time destruction.

15) Illegal Sales**1) Is the Pharmacy making occasional wholesale drug sales?**

No, they are not making any wholesale drug sales pursuant to 4729-9-10.

2) Have any drugs that were returned to stock been returned to the pharmacy stock bottles?

No

3) Are non-prescription schedule V controlled in accordance with OAC 4728-11-09?

Yes

16) Illegal Purchases**1) Verify Licenses of Distributors/Wholesalers**

Yes

17) Samples**1) Is there any evidence of prescription drug samples in the pharmacy?**

No

Observation

No prescription drug samples found.

18.1) DUR software**1) Does the pharmacist rely solely on the dispensing software to perform the DUR for prescription dispensing?**

No

19) Errors in Dispensing*** 1) How are dispensing errors being documented by the pharmacy? Written Response Required**

Errors are documented in a paper report? (Document observations)

Errors are documented as an electronic report? (Document observations)

Observation

STARS incident reporting completed online initially upon discovery of an error with the facts of the error. A more detailed paper incident report is then completed.

Rx# 6504021 was filled initially on 7-18-14. The prescription was entered into the computer correctly however the GPI (generic product identifier) code was the same for both products which led to the incorrect emollient product to be dispensed and refilled a total of six times.

Corrective Action

Please respond in writing with the corrective action taken to resolve this issue and what will be done to ensure this type of error does not occur in the future.

2) Have the frequency of errors caused a standard of practice issue for the pharmacy with a pharmacist or the pharmacy as a whole? Warning

Yes

Observation

Corporate has put the store on a voluntary "action plan" to address recent errors that have occurred, mostly by a pharmacist who is no longer at this location.

Corrective Action

Action plan began on 7/30/2015 with intervention of pharmacy district manager.

3) Has the pharmacy experienced any drug losses due to dispensing errors?

No

20) Improper Rx's**1) Are the prescriptions on file written in compliance with 4729-5-30?**

Yes

21) Outdated Drugs**1) Are there expired medications on the pharmacy shelves?**

No

Observation

Shelves spot checked, no outdated drugs found. Approaching outdates marked with colored stickers.

2) Are the known expired drugs segregated from the pharmacy drug stock?

Yes

Observation

Expired meds segregated in a bin in storage closet away from active drug stock.

22) Drug Labels**1) Are the pharmacy prescription labels in compliance with OAC 4729-5-16?**

Yes

2) Is OAC 4729-5-16(C) being followed when applicable?

Yes

23.1) Signature**1) Are all issued prescriptions including fax to fax prescriptions manually signed by the prescriber?**

Yes

23.2) DEA Number**1) Is the prescriber's DEA registration number written or pre-printed on all controlled substance prescriptions?**

Yes

23.3) Prescription refills**1) Are the prescribers specifying the number of refills or the period of time for which the prescription may be refilled?**

Yes

23.4) APN prescriptions**1) Do prescriptions written by Advanced Practical Nurses have their Certificate to prescribe (CTP) number written on them?**

Yes

23.5) Prescriber's Agent**1) Is the first and last name of the prescriber's Agent written on phoned in prescriptions when applicable?**

Yes

24) OTC's & Syringes**1) Does the pharmacy store over the counter medications within the pharmacy barricade?**

Yes

2) Are syringes stored in the pharmacy and kept out of obvious public view?

Yes

25.1) Non-sterile compounding**1) Is pharmacy dispensing prescriptions that require non-sterile compounding?**

Yes

2) Does the pharmacy have references appropriate to compounding?

Yes

3) What types of non-sterile compounds are prepared by the pharmacy?

Pharmacy will reconstitute an oral antibiotic

Pharmacy compounds medications prepared from a kit

Pharmacy mixes three or more ingredients to make a single product

Observation

BMX oral anesthetic compounded.

4) Does the pharmacy have the appropriate equipment to perform non-sterile compounding?

Yes

5) Is there appropriate record keeping in place?

Yes

6) Do compounded products have proper labels?

Yes

25.2) Sterile Compounding**1) Is the pharmacy performing sterile compounding?**

No

2) Does the pharmacy have appropriate references for sterile compounding?

No

3) Does the pharmacy have a policy and procedure on sterile compounding?

No

25.3) Repackaging**1) Is the pharmacy pre-packaging medications (non-patient specific) prior to dispensing?**

No

26) Prescription Files**1) Are the prescriptions dispensed by the pharmacy being filed in three separate files?**

Yes

2) Are the prescription files in good order and are prescriptions being filed in a timely manner?

Yes

27.1) Transferring Prescriptions**1) Is anyone other than pharmacists or supervised pharmacy interns taking transferred prescriptions?**

No

2) Are prescription copies properly transferred for Nonrefillable Rx's marked "For Information Purposes Only"?

No

3) Does the transferring pharmacist write "void" on the face of the original prescription as well record of the where, when and to whom the prescription was transferred to?

No

Observation

Prescription is automatically invalidated within dispensing software when prescription is transferred.

28) Rx's Initialed & Dated**1) Are pharmacists initialing and dating prescriptions when required?**

Yes

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29) Annual Drug Inventory**1) Has an annual drug inventory been completed within the specified time period?**

Yes

Observation

Effective January 1, 2015, Ohio Administrative Code Rule 4729-9-14 requires each prescriber or terminal distributor of dangerous drugs to take inventory of all stocks of controlled substances on hand every year following the date on which the initial inventory is taken. This is a change from the previous version of the rule that required a controlled substance inventory every two years.

Completed 5/1/15 prior to business opening by R.Ph. Markowski

30.1) Phoned in/oral prescriptions**1) Are only pharmacists and supervised pharmacy interns taking oral prescriptions?**

Yes

32) Refills (Initialed & Dated)**1) Are the pharmacist signing the daily printouts? This also includes initialling bound refill logs.**

Yes

37) Counseling**1) Is Patient counseling being offered with every prescription?**

Yes

2) Is the refusal of counseling by the patient or caregiver being documented?

Yes

38) Pseudoephedrine Sales**1) Is the pharmacy selling more than nine (9) grams of pseudoephedrine to any individual per 30 days?**

No

39) OARRS**1) Does the pharmacist have access to OARRS to request reports when needed?**

Yes

2) Are the pharmacists requesting OARRS reports when appropriate?

Yes

3) Are any of the Pharmacists using delegates to request OARRS reports?

No

44) Inspection Affirmation**1) Inspection Affirmation**Observation

As the on-duty pharmacist, at the time of this inspection, I affirm that I have reviewed this inspection report with the Specialist/Agent, and understand its content. If this inspection report requires a written response of corrective action, the response shall be provided to the Ohio State Board of Pharmacy within 20 days of this inspection. I understand that if I am not the Responsible Person documented on this site's Ohio TDDD license, I will ensure the Responsible Person is notified of this inspection report and any corrective actions required.

Summary**Written Response Required**

The Organization shall correct items and return a written response, with details on the corrective action(s) taken, to the board office within 20 days from date issued.

Reviewed by Todd J. Markowski, R.Ph.



(signature)

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DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:

DDD#: 021374850

NAME: Grant Eagle Pharmacy #1217

R.P.: Lance Smith

ADDR: 6079 Andrews Rd.
Mentor on the Lake, OH 44060

CAT: III

CLASS:

CNTY: Lake

AREA CODE / TELEPHONE NUMBER

440-306-0011

TIME IN

A.M.

TIME OUT

A.M.

1:30

P.M.

4:00

P.M.

TYPE

FED. #

EXP. DATE

B68262343 9/30/2011

HOURS

OPEN

M-F 9-9 Sat 9-7 Sun 9-5

FAX NUMBER

EMAIL

440-306-0022

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

Lance Smith

03228007

Emily Mooney

0309229

Jonathan Krause

03124228



GIANT EAGLE PHARMACY #1217
6079 ANDREWS ROAD
MENTOR ON LAKE, OH 44060
(440)306-0011

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- 3. RECORD SYSTEM
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- 7. LIBRARY
- 8. CLEANLINESS
- 9. REFRIGERATION
- 10. ACCOUNTABILITY
- 11. IMPROPER DISPENSING
- 12. INSUFFICIENT SUPERVISION
- 13. INVENTORY RECORDS
- 14. DRUG DESTRUCTION
- 15. ILLEGAL SALES
- 16. ILLEGAL PURCHASES
- 17. SAMPLES
- 18. IMPROPER Rx's
- 19. OUTDATED DRUGS
- 20. DRUG LABELS
- 21. Rx INFORMATION
- 22. OTC/SYRINGES
- 23. Rx FILES
- 24. Rx COPIES
- 25. Rx INT/DATE
- 26. DEA INVENTORY
- 27. PHONED C-II Rx
- 28. REFILLS-6MO/5X
- 29. REFILLS-INT/DATE
- 30. REFILLS-UA
- 31. COUNSELING
- 32. PSE SALES
- 33. OARRS
- 34. CONFIDENTIALITY

F ☒P ☐

1.) OSBP + DEA licenses current and posted. 2.) OK
Rph. Krause indicated he recently contacted OSBP
because he has not received his new 2011 card.
3.) PDX software system version 4.6.08 5 terminals
for data entry, Rx verification, patient profile
searches. Grant Eagle has real time online system
for Rx transfers and patient profile searches.
Per PDM Adrienne Anthony store will be implementing
new dispensing software in July 2011. 4.) Barricade
inspection report completed. 5.) OK 6.) Electronic
alarm backs up physical barricade. No known
thefts or significant losses in at least the past
year. 7.) RPL has ability to access OSBP website

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SIGNATURE OF PERSON IN CHARGE

DATE

SIGNATURE OF INSPECTOR

DATE

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TYPE:
DDD#:
NAME:
R.P.:
ADDR:

021374850

2 of 5

AREA CODE / TELEPHONE NUMBER

TIME IN

A.M.

TIME OUT

A.M.

P.M.

P.M.

TYPE

FED. #

EXP. DATE

HOURS
OPEN

FAX NUMBER

EMAIL

CAT:
CNTY:

CLASS:

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

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39. OARRS
40. CONFIDENTIALITY

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and Ohio rules and laws. 8.) OK. * 9.) 2 small refrigerators - unit on right side registers freezing. Products in rear of refrigerator have ice particles on packaging. Several boxes are damp. Agent Edwards contacted PDM Bencivergo. He said he will address the situation. 10.) DEA 222 forms properly executed by RPh. upon receiving C-II order from McKesson or Andia. Pharmacy does not complete any wholesale sales. * 11.) Rx # 6241564 was dispensed improperly on 10/7/10 Rx was written for Rynatan susp. but was dispensed for Nystatin oral susp. Incident was reviewed

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SIGNATURE OF PERSON IN CHARGE

11-15-10
DATE


SIGNATURE OF INSPECTOR

11/15/10
DATE

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DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

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TYPE:	021374850 3 of 5	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.
DDD#:				P.M.		P.M.
NAME:		TYPE	FED. #	EXP. DATE		
R.P.:		HOURS OPEN				
ADDR:		FAX NUMBER EMAIL				
CAT:	CLASS:					
CNTY:						

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

<div>1. LICENSING</div> <div>2. I.D. CARDS</div> <div>3. RECORD SYSTEM</div> <div>4. BARRICADE</div> <div>5. MIN. STANDARDS</div> <div>6. SECURITY</div> <div>7. LIBRARY</div> <div>8. CLEANLINESS</div> <div>9. REFRIGERATION</div> <div>10. ACCOUNTABILITY</div> <div>11. IMPROPER DISPENSING</div> <div>12. INSUFFICIENT SUPERVISION</div> <div>13. INVENTORY RECORDS</div> <div>14. DRUG DESTRUCTION</div> <div>15. ILLEGAL SALES</div> <div>16. ILLEGAL PURCHASES</div> <div>17. SAMPLES</div> <div>20. IMPROPER Rx's</div> <div>21. OUTDATED DRUGS</div> <div>22. DRUG LABELS</div> <div>23. Rx INFORMATION</div> <div>24. OTC/SYRINGES</div> <div>26. Rx FILES</div> <div>27. Rx COPIES</div> <div>28. Rx INT/DATE</div> <div>29. DEA INVENTORY</div> <div>30. PHONED C-II Rx</div> <div>31. REFILLS-6MO/5X</div> <div>32. REFILLS-INT/DATE</div> <div>33. REFILLS-UA</div> <div>37. COUNSELING</div> <div>38. PSE SALES</div> <div>39. OARRS</div> <div>40. CONFIDENTIALITY</div> <div>F <input type="checkbox"/></div> <div>P <input type="checkbox"/></div>	<p>with RPh. Smith. He indicates Rx was entered incorrectly. Although he checked Rx the error was not identified. Since the error occurred the store has implemented a new workflow system which has improved efficiency. RPh. is aware he must do his best to ensure this type of error does not occur. (3.) 2 manual perpetual C-II log books are maintained. (4.) RPh. Inquired about destruction of narcotics that have been returned by customers. From this point forward you are not to accept medications returned from patients for destruction. You may personally witness a destruction completed</p>
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	11-15-10		11/15/10
SIGNATURE OF PERSON IN CHARGE	DATE	SIGNATURE OF INSPECTOR	DATE

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DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

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TYPE:
 DDD#: 021374850
 NAME:
 R.P.:
 ADDR:

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AREA CODE / TELEPHONE NUMBER	TIME IN	A.M. P.M.	TIME OUT	A.M. P.M.
TYPE		FED. #		EXP. DATE
HOURS OPEN				
FAX NUMBER		EMAIL		

CAT:
 CNTY:
 CLASS:

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

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40. CONFIDENTIALITY

F ☐ P ☐

by a patient or caregiver or instruct them to destroy the medication themselves or take to an approved facility. For medications currently on hand send a letter to ASBP requesting a one time destruction - be sure to list medications to be destroyed.

21.) Approaching outdates marked with color coded S-S (Fives) sticker system.

23.) Dangerous drug file examined. RX's properly document prescriber full name and patient full name - residential address 26.) 4 part filing system.

27.- CII, 4's CIII-IV, 6's - dangerous drugs. 8's - OTC

28-) Hard copy RX's properly initiated by verifying

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.


 SIGNATURE OF PERSON IN CHARGE

11/15/10

DATE


 SIGNATURE OF INSPECTOR

11/15/10
 DATE

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

11

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 021374850 NAME: R.P.: ADDR: CAT: CNTY:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">AREA CODE / TELEPHONE NUMBER</td> <td style="width: 10%;">TIME IN</td> <td style="width: 10%;">A.M.</td> <td style="width: 10%;">TIME OUT</td> <td style="width: 10%;">A.M.</td> </tr> <tr> <td></td> <td></td> <td>P.M.</td> <td></td> <td>P.M.</td> </tr> <tr> <td colspan="2">TYPE</td> <td colspan="2">FED. #</td> <td>EXP. DATE</td> </tr> <tr> <td colspan="5">HOURS OPEN</td> </tr> <tr> <td colspan="2">FAX NUMBER</td> <td colspan="3">EMAIL</td> </tr> </table>	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.			P.M.		P.M.	TYPE		FED. #		EXP. DATE	HOURS OPEN					FAX NUMBER		EMAIL		
AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.																						
		P.M.		P.M.																						
TYPE		FED. #		EXP. DATE																						
HOURS OPEN																										
FAX NUMBER		EMAIL																								

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

<ol style="list-style-type: none"> 1. LICENSING 2. I.D. CARDS 3. RECORD SYSTEM 4. BARRICADE 5. MIN. STANDARDS 6. SECURITY 7. LIBRARY 8. CLEANLINESS 9. REFRIGERATION 10. ACCOUNTABILITY 11. IMPROPER DISPENSING 12. INSUFFICIENT SUPERVISION 13. INVENTORY RECORDS 14. DRUG DESTRUCTION 15. ILLEGAL SALES 16. ILLEGAL PURCHASES 17. SAMPLES 20. IMPROPER Rx's 21. OUTDATED DRUGS 22. DRUG LABELS 23. Rx INFORMATION 24. OTC/SYRINGES 26. Rx FILES 27. Rx COPIES 28. Rx INT/DATE 29. DEA INVENTORY 30. PHONED C-II Rx 31. REFILLS-6MO/5X 32. REFILLS-INT/DATE 33. REFILLS-UA 37. COUNSELING 38. PSE SALES 39. OARRS 40. CONFIDENTIALITY 	<p>5 of 5</p> <p>RPh. 29.) Last biennial inventory completed 5-1-09 at open at business by RPh. Smith.</p> <p>32.) NDC verification reports document verifying RPh. on refill RX's - signed by daily RPh.</p> <p>32.) Daily 3rd party/ consultation log signed by customer verifying offer to counsel.</p> <p>Approx 450 Rx's day 55% new</p> <p>Rx # 6248405 was filed new today</p>
--	---

F ☐ P ☐

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

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SIGNATURE OF PERSON IN CHARGE

11-15-10

DATE


SIGNATURE OF INSPECTOR

11/15/2010
DATE

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

Highly Confidential Subject to Protective
Order

BOP_MD L2802582

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: <u>11/15/2010</u>	T.D.D.D. #: <u>021374850</u>
BOARD AGENT: <u>Edwards</u>	D.E.A. #: <u>BG8262343</u>

YES NO (Place an X on the appropriate line for each statement below)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- ☒ Key in sealed envelope in safe.
- ☒ All items requiring R.Ph. supervision are inside barricade.
- ☒ Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- ☒ Minimum of seven (7) feet in height.
- ☒ Fully enclosed.
- ☒ Suitable locks are provided.
- ☒ Prescription department cannot be entered when locked without obvious damage to barricade.
- ☒ No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

ELECTRONICS:

- ☒ This is a company-owned system.
If no, leased from who? State Alarm
- ☒ This is a ☐ HARDWIRE / ☐ WIRELESS / ☒ BOTH system. (check one)
- ☒ There is a functional emergency "hold up" button.
- ☒ System is in operation at all times when R.Ph. is not present.
- ☒ Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?
Audible alarm + RPh. called at home
- ☒ Only pharmacists possess access code to prescription room.
- ☒ System was tested this date. Date system was last tested? _____
- ☒ Slot is provided for drop-in prescriptions.
- ☒ Suitable notice of operating hours to public is posted.
- ☐ Notice of emergency service is posted.

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:**I have been informed of and understand the following requirements:**

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.

(Signature of R.Ph./Owner)_____
(Date and Time of Signature)**BARRICADE APPROVAL:**

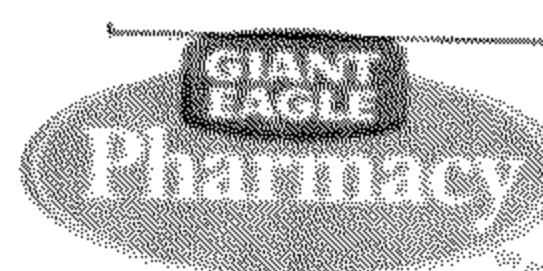
I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:

(Signature of Board Agent)_____
(Title)**Comments:**

Fully enclosed barricade - steel gate encloses entire front of pharmacy. Locked glass window near waiting area - never used. Electronic alarm backs up physical barricade. Four total sets of keys - one for each R.Ph. plus floater set.

Barricade Approved

PHA-0611 (Rev. 04/04)


 GIANT EAGLE PHARMACY #1217
 6079 ANDREWS ROAD BG8262343
 MENTOR-ON LAKE, OH 44060

(440)306-0011

1/1

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:

DDD#: 021374850

NAME: Grant Eagle Pharmacy #1217

R.P.: Lance Smith

ADDR: 6079 Andrews Rd.
Mentor on the Lake, OH 44060

CAT: III

CLASS:

CNTY: Lake

AREA CODE / TELEPHONE NUMBER

440-306-0011

TIME IN

A.M.

P.M.

1:30

TIME OUT

A.M.

P.M.

4:00

TYPE

FED. #

EXP. DATE

B68262343 9/30/2011

HOURS

OPEN

M-F 9-9 Sat 9-7 Sun 9-5

FAX NUMBER

EMAIL

L

CO

CO

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

Lance Smith

03228007

Emily Mooney

03129229

Jonathan Krause

03124228

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
- * 9. REFRIGERATION
- * 10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
20. IMPROPER Rx's
21. OUTDATED DRUGS
22. DRUG LABELS
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26. Rx FILES
27. Rx COPIES
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29. DEA INVENTORY
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31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

F ☒P ☐

1.) OSBP & DEA licenses current and posted. 2.) OK RPh. Krause indicated he recently contacted OSBP because he has not received his new ID card. 3.) PDX software system, version 4.6.08. 4.) Software terminals for data entry, Rx verification, patient profile searches. Grant Eagle has real time online system for Rx transfers and patient profile searches. Per PDM Adrienne Anthony, store will be implementing new dispensing software in July 2011. 5.) Barricade inspection report completed. 6.) OK. 7.) Electrone alarm backs up physical barricade. No known thefts or significant losses in at least the past year. 8.) RPh. has ability to access OSBP website.

☒ PINK SHEET ISSUED FOR NUMBER(S): 9, 11

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE

DATE

SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

COPY TO WE + FILE.
CCE 12/10/2010

11-24-2010

To: Ohio State Board of Pharmacy

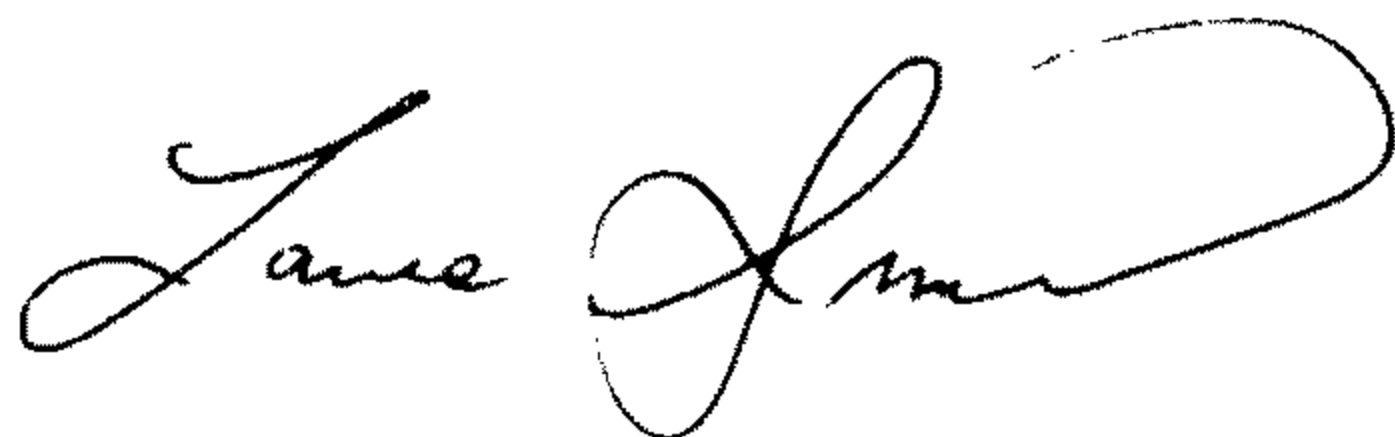
Corrective actions taken for Dangerous Drug Distributor Inspection (11-15-10):

9. Refrigeration

All drugs that may have experienced temperatures outside of stable range were quarantined so as to avoid accidental dispensing. The remaining items within the refrigerator were better spaced and organized. The refrigerator will be closely monitored to ensure that it is operating properly, and if it is determined that any malfunction is present, the unit will be replaced immediately.

11. Improper dispensing

Prescription #6241564 was improperly dispensed on October 7th, 2010, as the prescription was written for Rynatan oral suspension but Nystatin oral suspension was dispensed instead. The error occurred at data entry, but was missed at data verification. In the time since the error occurred, we have implemented a new workflow system that improves efficiency and organization. This new workflow system has reduced stress within our work environment, allowing better focus for all team members. The pharmacist performing the data verification has limited interruptions which allows for completion of each task in an orderly fashion. Giant Eagle also has a "No Defects Passed Forward" policy, in which a prescription is to be reviewed by the data entry tech before transmitting a prescription, again by the person at the filling station, and finally by the data verification pharmacist. This policy has been in place for some time, but will be reviewed once again with the entire pharmacy staff. In addition, it will be a discussion point in the next quarterly quality control meeting. I have also changed my personal technique when performing the 7-point check, by checking a prescription from bottom to top to enhance focus on each individual data element of the prescription. Continual quality control is of the utmost importance in our pharmacy and we will take every measure possible in attempt to avoid future incidents.



Lance Smith
Pharmacy Manager
Giant Eagle Pharmacy #1217
6079 Andrews Road
Mentor On The Lake, Ohio
44060

2019 DEC -1 PM 12:05
RECEIVED
U.S. DISTRICT COURT
DISTRICT OF COLUMBIA

783567



101 Kappa Drive, RIDC Park • Pittsburgh, Pennsylvania 15238 • Phone 412.963.6200 • GiantEagle.com

April 2, 2015

Ohio Board of Pharmacy
77 South High Street
Room 1702
Columbus, OH 43215-6126

Re: Ohio Board of Pharmacy Audit 03-24-2015
Pink Sheet Citation issued for numbers: 11 (Improper Dispensing)

To Whom It May Concern:

The following is Giant Eagle's response to the citation issued following the Board of Pharmacy audit on 03/24/2015 at Giant Eagle Pharmacy #1217, TDDD # RTPC.021252750-03.

Item 11 – Partial inspection regarding an error in dispensing on 1/9/2014. The pharmacist dispensed Potassium Chloride instead of Potassium Citrate based on technician data entry error of drug name. RX# 6468711 (original RX has been removed and a copy left at the pharmacy). The prescription was filled five (5) times incorrectly due to original error. The pharmacy computer screen does not always show the original prescription when a DUR is shown to the pharmacist at RPH verification on a refill.

Pharmacy Investigation:

On 1/9/2014 the patient received a prescription for potassium chloride rather than potassium citrate as originally prescribed by the physician. Upon discovery, the pharmacist contacted the prescribing physician to obtain direction on how to proceed with the patient. At the prescribing physician's request, the pharmacy generated a new prescription for potassium citrate. The patient declined on three (3) separate occasions to pick up the corrected medication due to her out of pocket cost.

Pharmacy Corrective Action:

All Pharmacy Team Members at Giant Eagle Pharmacy #1217 have been apprised of this error during the most recent CQI (Continuous Quality Improvement) meeting to reiterate the difference in potassium salt forms and to double check that the correct chemical salt form is selected at the date entry step of the prescription. In addition, the pharmacy has posted a reference from the Pharmacist's Letter Professional Journal that lists the various potassium salt forms and the corresponding brand and generic name of each product. Each team member is required to review this information.

Please contact me if you have any further questions

Respectfully,

A handwritten signature in black ink, appearing to read "Todd Markowski".

Todd Markowski, RPh
Pharmacy Team Leader
Giant Eagle Pharmacy #1217
A0907297.1

001313

2015 APR -9 AM 11:55
RECEIVED
OHIO BOARD OF PHARMACY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, RM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:

DDD#: RTCP 02-1374550

NAME: GIANT EAGLE 1217

R.P.: TODD MARKOWSKI RPH

ADDR: 6079 Andrews Road

Morton, OH 44060

AREA CODE / TELEPHONE NUMBER

440-306-0011

TIME IN

A.M.

P.M.

12:15

TIME OUT

A.M.

P.M.

3:15

TYPE

FED. #

EXP. DATE

Retail Chain Pharmacy

028262373

9/30/14

HOURS

OPEN

9-5 Mon-Fri

9-6 Sat

9-5 Sun

FAX NUMBER

EMAIL

CAT: 11

CLASS:

CNTY: Lake

RTCP

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
RUDY KOZAK RPH		03-110873			
TODD MARKOWSKI RPH		03-225357			
Jordan SINKEL RPH		03-232918			

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
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11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
20. IMPROPER Rx's
21. OUTDATED DRUGS
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23. Rx INFORMATION
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29. DEA INVENTORY
30. PHONED C-II Rx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☐ Partial ☒

Final inspection regarding error in dispensing on 9-14
 RPH TH dispensed Potassium Chloride instead of
 Potassium Citrate. And on Technician data entry error of
 drug name. Rx 6468711 (original & removed copy left)
 - Prescription was refilled five times prior to original
 error. Computer system doesn't always show the original
 Rx when a dur is shown to RPH at RPH verification on 9/15

☐ PINK SHEET ISSUED FOR NUMBER(S): 11

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DATE

SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY

PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

OK JLV
 File copy 9/24
 4-10-15
 JLV

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, RM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143, FAX 614-752-4836

TYPE:

DDD#: RTCP 02-1374850

NAME: GIANT EAGLE 1217

R.P.: TODD MARKOWSKI RPA

ADDR: 6079 Andrews Road

Mentor-on-the-Lake, OH 44060

AREA CODE / TELEPHONE NUMBER

440-306-0011

TIME IN

12:15

A.M.

P.M.

TIME OUT

2:15

A.M.

P.M.

TYPE

Retail Chem Play

FED. #

BG 8262343

EXP. DATE

9-3-14

HOURS

OPEN

9-9 M-F

9-6 Sat

9-5 Sun

FAX NUMBER

EMAIL

CAT. III

CNTY: Lake

CLASS:

RTCP

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

PERSONNEL

OHIO PHARMACY
USEDTITLE/
I.D. NO.

LUDY KOZAN RPL

03-10873

TODD MARKOWSKI RPL

03-225387

Jordan STACEY RPL

03-232968

APR 07 2015

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
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37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☐Partial ☒

Partial inspection regarding error in dispensing on 1-9-14. RPh ty dispensed Potassium Chloride instead of Potassium Citrate Based on Technician data entry error of drug name. Rx 6468711 (original R removed, copy left) incorrectly. Prescription was refilled five times due to original error. Computer system does not always show the original Rx when a dur is shown to RPh at RPh verification or refills.

☒ PINK SHEET ISSUED FOR NUMBER(S):

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DATE

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY

PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

OK
JTW
4/8/15

141874

Highly Confidential Subject to Protective
Order

BOP_MDL2802656



State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126

(614) 466-4143 | Fax (614) 752-4836 | <http://www.pharmacy.ohio.gov>

License 021374850

Giant Eagle Pharmacy #1217

6079 Andrews Road
Mentor-on-the-lake, OH 44060
Lake County

Pharmacy

Category Three

Retail Pharmacy Inspection

August 23, 2017



License 021374850 - Giant Eagle Pharmacy #1217

Full

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836
<http://www.pharmacy.ohio.gov>

Completed by Michael Reese
Start 8/23/2017 9:43 AM
End 8/23/2017 11:01 AM

Organization

Name Giant Eagle Pharmacy #1217	License Type Pharmacy	Category Category Three
License Number 021374850	Business Type Large Chain Pharmacy - 12 or More Outlets	DEA Number BG8262343
Responsible Person Todd J. Markowski, RPH	Hours of Operation	

Contact

Address 6079 Andrews Road Mentor-on-the-lake, OH 44060 Lake County	Primary Number (440) 306-0011	Fax Number (440) 306-0022	Website
--	---	-------------------------------------	----------------

Personnel

<u>Name</u>	<u>Initials</u>	<u>Position</u>	<u>I.D. No.</u>	<u>Phone</u>	<u>Email</u>
Todd J. Markowski, RPH			03225387	(440) 257-0307	toddmarkowski@oh.rr.com

1.1) OSBP License

- 1) Is the pharmacy TDDD license readily retrievable for inspection?
Yes
- 2) Is the Pharmacy TDDD license current and up to date?
Yes
- 3) Has the pharmacy TDDD license been signed by the Responsible Pharmacist?
Yes
- 4) Have any changes in the pharmacy's ownership, business name, category, or address occurred without notification to the Board of Pharmacy?
No

4.1) Physical Barricade

1) Does the pharmacy have a fully enclosed barricade or an open air barricade?

Fully Enclosed Barricade

2) Are adequate locks provided for the pharmacy barricade?

Yes

3) Are all of the keys (except for floater keys) to the pharmacy barricade under pharmacist control?

Yes

4) If the pharmacy has the "floater" keys, are they secure and tamper evident?

Yes

5) When in use, does the pharmacy barricade secure all items requiring pharmacist supervision?

Yes

6) When the barricade is in use can the pharmacy be entered without making obvious damage to the barricade?

No

7) Was the barricade, or changes to the barricade, put into use before receiving Board of Pharmacy approval?

No

8) When the pharmacy is closed, do any non-pharmacist personnel have access to any items. products, or equipment stored within the pharmacy barricade?

No

5) *Minimum Standards*

1) Is the phone number for poison control readily accessible in the pharmacy?

Yes

2) Does the pharmacy have the proper equipment to conduct the practice of pharmacy?

Yes

3) Does the pharmacy have enough drug stock fill most prescription requests?

Yes

4) Does the pharmacy have the containers necessary to dispense a variety of medication types and sizes?

Yes

5) Is there adequate space and fixtures within the pharmacy barricade to effectively operate a retail pharmacy?

Yes

6) Are the pharmacy operating hours posted in plain view for the public to see?

Yes

7) Is there evidence to indicate a problem with staffing levels?

No

8) Are the pharmacy employees wearing name tags with their job title?

Yes

6) *Security***1) Is the security of the pharmacy drug stock adequate to detect and deter drug theft and diversion?**

Yes

2) Are all of the pharmacy's drug stocks kept within the pharmacy barricade?

Yes

3) Are all records of accountability that are stored outside of the pharmacy barricade but within the same physical location secure and tamper evident?

Yes

4) Does the Pharmacy have an off site facility for the storage of records of accountability?

Yes, The pharmacy has an offsite record storage facility and it has been approved by the OSBP.

5) Has the pharmacy experienced any drug thefts or losses in the last three (3) years?

No

6) Drug Theft or Loss StatementObservation

Any theft or loss of dangerous drugs must be reported by law to the Ohio State Board of Pharmacy and local law enforcement immediately upon discovery. Notify the DEA if controlled substances were involved. Theft or loss must be reported verbally to the Ohio State Board of Pharmacy (614-466-4143) or a local Pharmacy Board Employee immediately upon discovery and in writing to the Ohio State Board of Pharmacy (dea106reporting@pharmacy.ohio.gov) within 30 days of the discovery of the theft or loss.

7) Library**1) Does the pharmacy have an up to date "Drug Laws of Ohio" book, or an online resource to access the required information?**

Yes

2) Does the pharmacist have access to the paper/electronic references necessary to appropriately practice pharmacy?

Yes

8) *Cleanliness***1) Is the pharmacy clean and well lit?**

Yes

9) *Refrigeration***1) Are all pharmacy refrigerators and/or freezers in good working order with an adequate system in place to ensure that the medications stored within are stored at appropriate temperatures?**

Yes

12) *Insufficient Supervision***1) Is there pharmacist supervision of the dangerous drugs and other pharmacy employees at all times while the pharmacy is open and operating?**

Yes

29) *Annual Drug Inventory***1) Has an annual drug inventory been completed within the specified time period?**

Yes

39) *OARRS***1) Does the pharmacist have access to OARRS to request reports when needed?**

Yes

2) Are the pharmacists requesting OARRS reports when appropriate? Warning

No

Observation

Patient profile obtained for target of 2016-2017, and found that no OARRS report was noted to have been accessed.

Corrective Action

RPh advised of section 4729-5-20 of OAC, specifically running OARRS as it relates to abuse/misuse. Upon further review of patient profile Agent Reese learned that RPh at time identified script was early and contacted "doctor." Its possible OARRS was accessed however not noted. Insurance denied fill and cash paid. RPh advised to keep accurate notes as well within the patient profile program.

3) Are any of the Pharmacists using delegates to request OARRS reports?

No

42) Points of Emphasis**1) The below listed items are some select points to remember while overseeing and conducting the practice of pharmacy.**Observation

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.

45) Inspection Affirmation**1) Inspection Affirmation**Observation

As the on-duty pharmacist, at the time of this inspection, I affirm that I have reviewed this inspection report with the Specialist/Agent, and understand its content. If this inspection report requires a written response of corrective action, the response shall be provided to the Ohio State Board of Pharmacy within 30 days of this inspection. I understand that if I am not the Responsible Person documented on this site's Ohio TDDD license, I will ensure the Responsible Person is notified of this inspection report and any corrective actions required. Responses can be emailed (with a copy of the inspection report) to writtenresponse@pharmacy.ohio.gov or they may be mailed to 77 South High Street, 17th Floor, Columbus, Ohio 43215.

Summary**Warning**

Reviewed by Todd J. Markowski, RPH



(signature)

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, ROOM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: 02-1223950 DDD#: 02-1223950 NAME: GIANT EAGLE #1225 R.P.: 27505 CHARDON RD ADDR: WILLOUGHBY HILLS, OH CAT: LAKE CNTY: LAKE CLASS: 05	AREA CODE / TELEPHONE NUMBER: 440-944-9387 TIME IN: 1:00 P.M. TIME OUT: 2:30 P.M. TYPE: 05 (RETAIL) HOURS OPEN: 9:00-9:00 (DAILY) RESPONSIBLE PERSON: RPH. DENISE BYRD TITLE/I.D. NO.: IF 2610 (CERT.) INIT. USED:
---	---

PERSONNEL	INIT. USED	TITLE/I.D. NO.	PERSONNEL	INIT. USED	TITLE/I.D. NO.
RPH. DENISE BYRD			IF 2610 (CERT.)		
RPH. ANNITA OLIVER			#03-2-23058		

1. LICENSING
2. I.D. CARDS
3. RECORDS SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
18. NON-REG COMPOUNDING
19. RxBLANKS
20. IMPROPER Rxs
21. OUTDATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGES
25. GENERIC MFG.
26. RxFILES
27. RxCOPIES
28. RxINT/DATE
29. DEAINVENTORY
30. PHONEDSCHIIRx
31. REFILLS-6MO/SX
32. REFILLS-INT/DATE
33. REFILLS-UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

(LAST)

1) OK (POSTED IN INSPECT PHARMACY (2007))

2) OK (2006)

3) IBM COMPUTER ON LINE TO ALL OTHER GIANT EAGLE PHARMACIES. SOFTWARE COMPUTER GENERATES DAILY PRINT-OUT, WHICH IS SIGNED BY DISPENSING RPH.

Giant Eagle Pharmacy #1225
27505 Chardon Road
Willoughby Hills, Ohio 44092
Phone: (440) 944-9389
Fax: (440) 944-9387

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF CORRECTIVE ACTION TAKEN NOTED ON THE REVERSE SIDE, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE: *Annita Oliver*
DATE SIGNED: 1-26-2007

SIGNATURE OF INSPECTOR: *J. J. Boli*

PHA-0610 (Rev. 02/02)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, ROOM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143, FAX 614-752-4836

TYPE:

DDD#:

NAME:

R.P.:

ADDR:

AREA CODE / TELEPHONE NUMBER

TIME IN

A.M.

P.M.

TIME OUT

A.M.

P.M.

TYPE

FED.#

EXP. DATE

HOURS
OPEN

(DAILY)

(SAT.)

(SUN. & HOLIDAYS)

CAT:

CNTY:

CLASS:

RESPONSIBLE PERSON

TITLE/I.D. NO.

INIT. USED

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

1. LICENSING
2. I.D. CARDS
3. RECORDS SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
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19. RX BLANKS
20. IMPROPER RX'S
21. OUTDATED DRUGS
22. DRUG LABELS
23. RX INFORMATION
24. OTC/SYRINGES
25. GENERIC MFG.
26. RX FILES
27. RX COPIES
28. RX INT/DATE
29. DEA INVENTORY
30. PHONED SCHIRX
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REC DISPENSING
37. COUNSELING

4) BARRICADE INSPECTION
REPORT WRITTEN

5) OK

6) STATE DRUGS

7) OK (UPDATED TO
MAY 2006)

8) OK

9) OK (ONE IN USE)
NO FOOD TO BE STORED
THREE

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF CORRECTIVE ACTION TAKEN NOTED ON THE REVERSE SIDE, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE

DATE SIGNED

SIGNATURE OF INSPECTOR

610 (Rev. 02/02)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, ROOM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:

DDD#:

NAME:

R.P.:

ADDR:

CAT:

CNTY:

CLASS:

AREA CODE / TELEPHONE NUMBER

TIME IN

A.M.

P.M.

TIME OUT

A.M.

P.M.

TYPE

FED.#

EXP. DATE

HOURS
OPEN

(DAILY)

(SAT.)

(SUN. & HOLIDAYS)

RESPONSIBLE PERSON

TITLE/I.D. NO.

INIT. USED

PERSONNEL

INIT.
USED

TITLE/
I.D. NO.

PERSONNEL

INIT.
USED

TITLE/
I.D. NO.

1. LICENSING

2. I.D. CARDS

3. RECORD SYSTEM

4. BARRICADE

5. MIN. STANDARDS

6. SECURITY

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26. RX FILES

27. RX COPIES

28. RX INT/DATE

29. DEA INVENTORY

30. PHONEDSCHIIRX

31. REFILLS-6MO/5X

32. REFILLS-INT/DATE

33. REFILLS-UA

34. EMERGENCY KIT

35. CONTINGENCY KIT

36. NON-REG DISPENSING

37. COUNSELING

1) DEA 222 ORDER
Forms in order

29) DEA INVENTORY -
05-01-05 (OPENING)

WHOLESALE - MCKESSON
APPROX DAILY RX - 75
LAST RX # 6060977
THEFTS - NONE

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF CORRECTIVE ACTION TAKEN NOTED ON THE REVERSE SIDE, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE

DATE SIGNED

SIGNATURE OF INSPECTOR

PHA-0610 (Rev. 02/02)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: <u>01-26-07</u>	T.D.D.D. #: <u>02-1223950</u>
BOARD AGENT: <u>FTB001</u>	D.E.A. #: <u>B66914801</u>

YES NO (Place an X on the appropriate line for each statement below)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- ☒ — Key in sealed envelope in safe.
- ☒ — All items requiring R.Ph. supervision are inside barricade.
- ☒ — Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- ☒ — Minimum of seven (7) feet in height.
- ☒ — Fully enclosed.
- ☒ — Suitable locks are provided.
- ☒ — Prescription department cannot be entered when locked without obvious damage to barricade.
- ☒ — No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

(BARRICADE APPROVED)

ELECTRONICS:

- ☒ This is a company-owned system.
If no, leased from who? STATE ALARM
- ☒ — This is a ☒ HARDWIRE / ☐ WIRELESS / ☐ BOTH system. (check one)
- ☒ There is a functional emergency "hold up" button.
- ☒ — System is in operation at all times when R.Ph. is not present.
- ☒ — Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?
① STATE ② WHAD ③ R.Ph.
- ☒ — Only pharmacists possess access code to prescription room.
- ☒ — System was tested this date. Date system was last tested? _____
- ☒ Slot is provided for drop-in prescriptions.
- ☒ — Suitable notice of operating hours to public is posted.
- ☒ — Notice of emergency service is posted.

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:

I have been informed of and understand the following requirements:

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.

Annita J. Ph.
(Signature of R.Ph./Owner)

1-26-2007 2:15p
(Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11.

[Signature]
(Signature of Board Agent)

DOES
(Title)

Comments:

Giant Eagle Pharmacy #1225
27505 Chardon Road
Willoughby Hills, Ohio 44092
Phone: (440) 944-9389
Fax: (440) 944-9391

1

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY, 77 S. HIGH ST., 17TH FLOOR, COLUMBUS, OHIO 43266-0320 · PHONE 614/466-4143; FAX 614/752-4836

XERO ROBERT COLE

TYPE: 021223950 P DDD#: NAME: GRANT BACKE R.P.: #125 ADDR: 27505 CHARLTON RD WILLOUGHBY HILLS OH CAT: CNTY: LAKE	PHONE (INCLUDE AREA CODE): 440-944-9387 TIME IN: 1:15 P.M. TIME OUT: 1:45 P.M. TYPE: 05 (RETAIL) B066914901 HOURS (DAILY): 9:00-9:00 P.M. (SAT): 9:00-9:00 P.M. (SUN. & HOLIDAYS): 9:00-5:00 P.M. RESPONSIBLE PERSON: RPA DENISE BYRD TITLE/ID NO.: INIT. USED:
--	--

PERSONNEL	INIT. USED	TITLE/ID NO.	PERSONNEL	INIT. USED	TITLE/ID NO.
RPA DENISE BYRD		#03-212610			
RPA ISAK BLAIR					

<ol style="list-style-type: none"> 1. LICENSING 2. I.D. CARDS 3. RECORD SYSTEM 4. BARRICADE 5. MIN. STANDARDS 6. SECURITY 7. LIBRARY 8. CLEANLINESS 9. REFRIGERATION 10. ACCOUNTABILITY 11. IMPROPER DISPENSING 12. INSUFFICIENT SUPERVISION 13. INVENTORY RECORDS 14. DRUG DESTRUCTION 15. ILLEGAL SALES 16. ILLEGAL PURCHASES 17. SAMPLES 18. NON-REG COMPOUNDING 19. Rx BLANKS 20. IMPROPER Rx'S 21. OUTDATED DRUGS 22. DRUG LABELS 23. Rx INFORMATION 24. OTC/SYRINGES 25. GENERIC MFG. 26. Rx FILES 27. Rx COPIES 28. Rx INT/DATE 29. DEA INVENTORY 30. PHONED SCH II Rx 31. REFILLS - 6MO/5X 32. REFILLS - INT/DATE 33. REFILLS - IJA 34. EMERGENCY KIT 35. CONTINGENCY KIT 36. NON-REG DISPENSING 37. COUNSELING 	<p style="text-align: right;">(PARTIAL TRAIL)</p> <p>1) PINK SHEET ISSUED SINCE RESPONSIBLE PHARMACIST RPA-DENISE BYRD'S PHARMACIST LICENSE WAS NOT RENEWED BY 9-15-06. RPA-BYRD DID NOT WORK DURING THIS PERIOD, LICENSE WAS RENEWED ON 9-19-06.</p> <p>2) OK (CURRENT 09-19-06)</p> <p>3) IBM COMPUTER - ON LINE TO ALL OTHER GRANT BACKE PHARMACIES</p>
--	--

PINK SHEET ISSUED FOR NUMBER(S)

#1 (20 DAYS)

DATE

9-22-06

PERSON IN CHARGE

DATE

INSPECTOR

PHA-0610 (Rev. 03/97)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY, 77 S. HIGH ST., 17TH FLOOR, COLUMBUS, OHIO 43266-0320 · PHONE 614/466-4143; FAX 614/752-4836

TYPE: DDD#: NAME: R.P.: ADDR:	02-1223950 ABOEZ OF	PHONE (INCLUDE AREA CODE)	TIME IN	A.M. P.M.	TIME OUT	A.M. P.M.
CAT: CNTY:	CLASS:	TYPE	FED #		EXP DATE	
		OS (RETAIL)				
		HOURS OPEN	(DAILY)	(SAT.)	(SUN. & HOLIDAYS)	
		RESPONSIBLE PERSON	TITLE/I.D. NO.		INIT. USED	

PERSONNEL	INIT USED	TITLE/ I.D. NO.	PERSONNEL	INIT USED	TITLE/ I.D. NO.

1. LICENSING	
2. I.D. CARDS	4) OK
3. RECORD SYSTEM	
4. BARRICADE	5) OK
5. MIN. STANDARDS	
6. SECURITY	
7. LIBRARY	
8. CLEANLINESS	
9. REFRIGERATION	
10. ACCOUNTABILITY	
11. IMPROPER DISPENSING	
12. INSUFFICIENT SUPERVISION	6) STATE ALARMS
13. INVENTORY RECORDS	
14. DRUG DESTRUCTION	
15. ILLEGAL SALES	7) OK
16. ILLEGAL PURCHASES	
17. SAMPLES	
18. NON-REG COMPOUNDING	
19. Rx BLANKS	
20. IMPROPER Rx'S	8) OK
21. OUTDATED DRUGS	9) OK
22. DRUG LABELS	
23. Rx INFORMATION	
24. OTC/SYRINGES	
25. GENERIC MFG.	
26. Rx FILES	
27. Rx COPIES	
28. Rx INT/DATE	
29. DEA INVENTORY	
30. PHONED SCH II Rx	
31. REFILLS - 6MO/SX	
32. REFILLS - INT/DATE	
33. REFILLS - UA	
34. EMERGENCY KIT	
35. CONTINGENCY KIT	
36. NON-REG DISPENSING	
37. COUNSELING	

PINK SHEET ISSUED FOR NUMBER(S) _____ DATE _____

PERSON IN CHARGE: Alene Boyd DATE: 9/24/06 INSPECTOR: SJ Bode

PHA-0610 (Rev. 03/97) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY GREEN - DISTRIBUTOR COPY PINK - INDIVIDUAL COPY

Denise Byrd RPh #03212610
Giant Eagle Pharmacy
27505 Chardon Road
Willoughby Hills, Ohio 44092
October 3, 2006

Dear Sirs:

In response to the Dangerous Drug Distributor Inspection report issued 09-22-2006, I was late renewing my pharmacist license for 2006-2007. My license were renewed on 9-19-2006. I did not work from 9-15-2006 through 9-19-2006, I returned to work on 9-20-2006.

Denise D. Byrd



06 OCT -6 AM 9:53

RECEIVED PHARMACY

388049

apt to agent
Rph
10-10-6


1 2 3

22

2021

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, ROOM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 021223950 NAME: Giant Eagle #1225 R.P.: Kim Buckley ADDR: 27505 Chardon Rd. Willoughby Hills, OH 44092 CAT: <u>IV</u> CNTY: <u>Lake</u>			AREA CODE / TELEPHONE NUMBER 440-944-9389 TYPE: Retail Chain FED. # BG6914801 HOURS OPEN: M-F 9-9 Sat 9-6 Sun 9-5 FAX NUMBER: 440-944-9391 EMAIL:		TIME IN: 9:45 <u>AM</u> TIME OUT: 11:30 <u>AM</u> EXP. DATE: 9/30/2011	
CLASS:			 GIANT EAGLE PHARMACY #1225 27505 CHARDON ROAD WILLOUGHBY HILLS, OH 44092 (440)944-9387			

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
Kimberly Buckley	KNH	03328734			
Daryl Heiser	DKH	13793			

- ☐ 1. LICENSING
- ☐ 2. I.D. CARDS
- ☐ 3. RECORD SYSTEM
- ☐ 4. BARRICADE
- ☐ 5. MIN. STANDARDS
- ☐ 6. SECURITY
- ☐ 7. LIBRARY
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- ☐ 10. ACCOUNTABILITY
- ☐ 11. IMPROPER DISPENSING
- ☐ 12. INSUFFICIENT SUPERVISION
- ☐ 13. INVENTORY RECORDS
- ☐ 14. DRUG DESTRUCTION
- ☐ 15. ILLEGAL SALES
- ☐ 16. ILLEGAL PURCHASES
- ☐ 17. SAMPLES
- ☐ 18. IMPROPER Rx's
- ☐ 19. OUTDATED DRUGS
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- ☐ 23. Rx FILES
- ☐ 24. Rx COPIES
- ☐ 25. Rx INT/DATE
- ☐ 26. DEA INVENTORY
- ☐ 27. PHONED C-II Rx
- ☐ 28. REFILLS-6MO/SX
- ☐ 29. REFILLS-INT/DATE
- ☐ 30. REFILLS-UA
- ☐ 31. COUNSELING
- ☐ 32. PSE SALES
- ☐ 33. OARRS
- ☐ 34. CONFIDENTIALITY

1.) OSBP licenses current and posted. DEA license shows an address of the store as Wickliff - please contact DEA to have this changed to reflect correct city of Willoughby Hills. 2.) OK

3.) PDX software version 4.6.08 4 total terminals capable of handling data entry, DUR verification, patient profile searches and Rx transfers. System is not real time so only one transfer permitted.

4.) Fully enclosed barricade - barricade inspection report completed. 5.) OK 6.) Electronic alarm backs up physical barricade. No known thefts or significant losses in past 2 years. 7.) RPL able to look up Ohio drug laws and rules

F ☒ Comp P ☐ RS

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

 SIGNATURE OF PERSON IN CHARGE	2/16/11 DATE	 SIGNATURE OF INSPECTOR	2/14/11 DATE
--	-----------------	---	-----------------

PHA-0610 (Rev. 03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 021223250 NAME: R.P.: ADDR:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">AREA CODE / TELEPHONE NUMBER</td> <td style="width: 10%;">TIME IN</td> <td style="width: 10%;">A.M.</td> <td style="width: 10%;">TIME OUT</td> <td style="width: 10%;">A.M.</td> </tr> <tr> <td></td> <td></td> <td>P.M.</td> <td></td> <td>P.M.</td> </tr> <tr> <td colspan="2">TYPE</td> <td colspan="2">FED. #</td> <td>EXP. DATE</td> </tr> <tr> <td colspan="5">HOURS OPEN</td> </tr> <tr> <td colspan="2">FAX NUMBER</td> <td colspan="3">EMAIL</td> </tr> </table>	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.			P.M.		P.M.	TYPE		FED. #		EXP. DATE	HOURS OPEN					FAX NUMBER		EMAIL		
AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.																						
		P.M.		P.M.																						
TYPE		FED. #		EXP. DATE																						
HOURS OPEN																										
FAX NUMBER		EMAIL																								

2 of 3

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
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27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED C-II Rx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

F ☐ P ☐

on OSBP website 8.) OK 9.) OK 10.) DEA
 222 forms properly executed upon receiving C-II
 order from McKesson. Giant Eagle has recently
 implemented a "Controlled Drugs Record Box" to
 store controlled invoices, 222 forms, biennial inventory,
 power of attorney forms, inspection reports
 29.) R.P.L. Buckley became responsible person on
 12/20/2009. Biennial inventory completed on that
 date at close of business. (3.) Manual perpetual
 inventory maintained for C-II meds. G.E. required
 monthly audit performed. 20.) CII II files checked
 One e-fax controlled Rx found with electronic
 signature. RPL properly converted Rx to a

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE

2/16/11
 DATE

SIGNATURE OF INSPECTOR

2/16/11
 DATE

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, ROOM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 021223750 NAME: R.P.: ADDR:	AREA CODE / TELEPHONE NUMBER TIME IN A.M. TIME OUT A.M. P.M. P.M. TYPE FED. # EXP. DATE HOURS OPEN FAX NUMBER EMAIL
CAT: 3 of 3 CNTY:	CLASS:



PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

<ol style="list-style-type: none"> 1. LICENSING 2. I.D. CARDS 3. RECORD SYSTEM 4. BARRICADE 5. MIN. STANDARDS 6. SECURITY 7. LIBRARY 8. CLEANLINESS 9. REFRIGERATION 10. ACCOUNTABILITY 11. IMPROPER DISPENSING 12. INSUFFICIENT SUPERVISION 13. INVENTORY RECORDS 14. DRUG DESTRUCTION 15. ILLEGAL SALES 16. ILLEGAL PURCHASES 17. SAMPLES 20. IMPROPER Rx's 21. OUTDATED DRUGS 22. DRUG LABELS 23. Rx INFORMATION 24. OTC/SYRINGES 26. Rx FILES 27. Rx COPIES 28. Rx INT/DATE 29. DEA INVENTORY 30. PHONED C-II Rx 31. REFILLS-6MO/5X 32. REFILLS-INT/DATE 33. REFILLS-UA 37. COUNSELING 38. PSE SALES 39. OARRS 40. CONFIDENTIALITY 	<p>verbal order. 21) Shelves checked - no outdates found. 23) CII V files properly contain full name of patient, address, prescriber DEA number. Pharm in RXs properly document agent first and last name. 26) 4 part filing system 28) Original hard copy RXs initialed/dated by dispensing RPh. 32) Daily Dispensing Authentication log prints out listing all RXs dispensed. This shows positive ID when signed by dispensing RPh. 37) Consultation log signed by patient documenting offer to counsel.</p> <p>- No wholesale sales</p> <p>Rx # 6152243 dispensed today</p> <p>200 RXs/day 65% new</p>
--	---

F ☐ P ☐

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

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 SIGNATURE OF PERSON IN CHARGE	2/16/11 DATE	 SIGNATURE OF INSPECTOR	2/16/11 DATE
--	-----------------	---	-----------------

PHA-0610 (Rev. 03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: <i>2/16/2011</i>	T.D.D.D. #: <i>021223950</i>
BOARD AGENT: <i>Edwards</i>	D.E.A. #: <i>BG6914801</i>

YES NO (Place an X on the appropriate line for each statement below)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- ☒ ☐ Key in sealed envelope in *safe lock box*
- ☐ ☒ All items requiring R.Ph. supervision are inside barricade. *Secure locked cage*
- ☒ ☐ Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- ☒ ☐ Minimum of seven (7) feet in height.
- ☒ ☐ Fully enclosed.
- ☒ ☐ Suitable locks are provided.
- ☒ ☐ Prescription department cannot be entered when locked without obvious damage to barricade.
- ☒ ☐ No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

ELECTRONICS:

- ☐ ☒ This is a company-owned system.
If no, leased from who? *State Alarm*
- ☒ ☐ This is a ☐ HARDWIRE / ☐ WIRELESS / ☒ BOTH system. (check one)
- ☒ ☐ There is a functional emergency "hold up" button.
- ☒ ☐ System is in operation at all times when R.Ph. is not present.
- ☒ ☐ Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?
Audible alarm, R.Ph. called at home
- ☒ ☐ Only pharmacists possess access code to prescription room.
- ☐ ☒ System was tested this date. Date system was last tested? _____
- ☒ ☐ Slot is provided for drop-in prescriptions.
- ☒ ☐ Suitable notice of operating hours to public is posted.
- ☐ ☐ Notice of emergency service is posted.

OHIO STATE BOARD OF PHARMACY

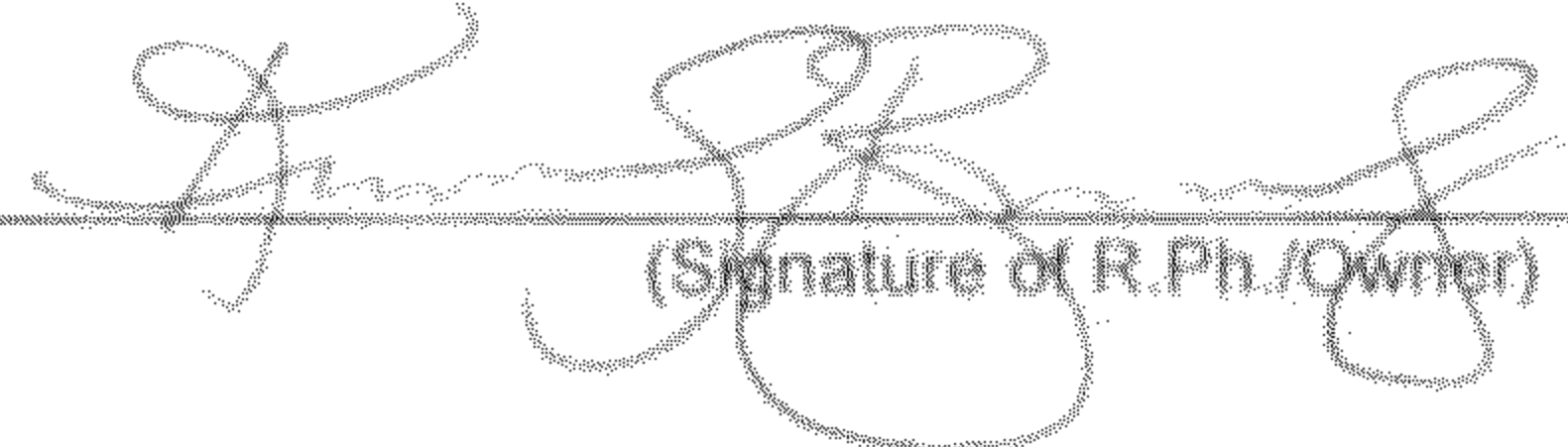
PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:

I have been informed of and understand the following requirements:

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.


(Signature of R.Ph./Owner)

2.11.11
(Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:


(Signature of Board Agent)

Agent
(Title)

Comments:

Fully enclosed barricade with electronic alarm backup. Two sets of keys in possession of pharmacist plus one floater set in lock box. Roll down steel gate and pull across steel gate fully enclose pharmacy. No drive thru.

Barricade Approved



GIANT EAGLE PHARMACY #1225
27905 CHARDON ROAD
WILLOUGHBY HILLS, OH 44092
BG0914901
(440)944-9387

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, ROOM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: RTPC DDD#: 021223950 NAME: Grant Eagle #1225 R.P.: Kathrin Finkelshten ADDR: 27505 Chardon Rd. Willoughby Hills, OH 44092 CAT: III CLASS: 05 CNTY: Lake-43	AREA CODE / TELEPHONE NUMBER 440-944-9389 TIME IN A.M. 2:45 TIME OUT A.M. 4:00 TYPE Retail Chain FED. # BG6914801 EXP. DATE 9/30/2011 HOURS OPEN M-F 9-9 Sat 9-6 Sun 9-5 FAX NUMBER 440-944-9391 EMAIL JUN - 1 2009
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PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
Lamberly Hall, RPh.	KNH	03328734			
Kathrin Finkelshten, RPh.	KFI	25062			



Store #1225
27505 CHARDON ROAD
WILLOUGHBY, OH 44092

BG6914801

(440)944-9387

- ☐ 1. LICENSING
- ☐ 2. I.D. CARDS
- ☐ 3. RECORD SYSTEM
- ☐ 4. BARRICADE
- ☐ 5. MIN. STANDARDS
- ☐ 6. SECURITY
- ☐ 7. LIBRARY
- ☐ 8. CLEANLINESS
- ☐ 9. REFRIGERATION
- ☐ 10. ACCOUNTABILITY
- ☐ 11. IMPROPER DISPENSING
- ☐ 12. INSUFFICIENT SUPERVISION
- ☒ 13. INVENTORY RECORDS
- ☐ 14. DRUG DESTRUCTION
- ☐ 15. ILLEGAL SALES
- ☐ 16. ILLEGAL PURCHASES
- ☐ 17. SAMPLES
- ☐ 20. IMPROPER Rx's
- ☐ 21. OUTDATED DRUGS
- ☐ 22. DRUG LABELS
- ☒ 23. Rx INFORMATION
- ☐ 24. OTC/SYRINGES
- ☒ 25. Rx FILES
- ☐ 27. Rx COPIES
- ☒ 28. Rx INT/DATE
- ☒ 29. DEA INVENTORY
- ☐ 30. PHONED C-II Rx
- ☐ 31. REFILLS-6MO/5X
- ☒ 32. REFILLS-INT/DATE
- ☐ 33. REFILLS-UA
- ☐ 37. COUNSELING
- ☐ 38. PSE SALES
- ☒ 39. OARRS
- ☐ 40. CONFIDENTIALITY

F ☒ **Comp** P ☐ **PS**

1.) DSBP and PEA licenses are current and posted.
 2.) OK 3.) PDX software version 4.608 4 terminals
 capable of handling all dispensing functions. All
 Grant Eagle stores connected on real time system
 for patient profile searches and Rx transfers. Patient
 profiles date back at least 2 years. Daily
 dispensing Authentication log documents each
 Rx verified that day. Separate logs for each
 dispensing RPh. 4.) Fully enclosed barricade. see
 completed barricade inspection report. 5.) OK
 6.) No known thefts or losses. You are always to
 provide adequate and effective security to deter and
 detect diversion of dangerous drugs. Any theft or

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[Signature]
SIGNATURE OF PERSON IN CHARGE

DATE

[Signature]
SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, ROOM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: 021223950 DDD#: NAME: R.P.: ADDR: CAT: CNTY:	AREA CODE / TELEPHONE NUMBER: TIME IN: A.M. P.M. TIME OUT: A.M. P.M. TYPE: FED. # EXP. DATE HOURS OPEN: FAX NUMBER: EMAIL:
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2 of 3



PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

<ol style="list-style-type: none"> 1. LICENSING 2. I.D. CARDS 3. RECORD SYSTEM 4. BARRICADE 5. MIN. STANDARDS 6. SECURITY 7. LIBRARY 8. CLEANLINESS 9. REFRIGERATION 10. ACCOUNTABILITY 11. IMPROPER DISPENSING 12. INSUFFICIENT SUPERVISION 13. INVENTORY RECORDS 14. DRUG DESTRUCTION 15. ILLEGAL SALES 16. ILLEGAL PURCHASES 17. SAMPLES 20. IMPROPER Rx's 21. OUTDATED DRUGS 22. DRUG LABELS 23. Rx INFORMATION 24. OTC/SYRINGES 26. Rx FILES 27. Rx COPIES 28. Rx INT/DATE 29. DEA INVENTORY 30. PHONED C-II Rx 31. REFILLS-6MO/5X 32. REFILLS-INT/DATE 33. REFILLS-UA 37. COUNSELING 38. PSE SALES 39. OARRS 40. CONFIDENTIALITY 	<p>significant loss must be reported to law enforcement or OSBP. 7.) Rph demonstrated ability to access Ohio drug laws and rules on OSBP website. 8.) OK 9.) OK 10.) DEA 222 forms properly executed upon receipt of C-II order from McKesson. No wholesale sales being made. All records of accountability are to be kept complete and accurate and available for OSBP inspection for 3 years. 13.) Perpetual C-II inventory maintained in log book. 23.) Patient name and address properly documented on Rx. Phone in Rxs properly documented full first and last name of M.D. agent. Pharmacy fills approx 150 Rxs/day 60% refill. Rx#6108977 is new today 26.) 3 part filling</p>
--	---

F ☐ P ☐

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 SIGNATURE OF PERSON IN CHARGE	DATE	 SIGNATURE OF INSPECTOR	DATE
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DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, ROOM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143, FAX 614-752-4836

TYPE: 021223950

DDD#:

NAME:

R.P.:

ADDR:

3.f3

AREA CODE / TELEPHONE NUMBER

TIME IN

A.M.

P.M.

TIME OUT

A.M.

P.M.

TYPE

FED. #

EXP. DATE

HOURS
OPEN

FAX NUMBER

EMAIL

CAT:

CLASS:

CNTY:

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
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31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

F ☐ P ☐

system in place 28.) RPh's properly installing all new original RX's 29.) Last Biennial inventory completed 5/1/09 at open of business 30.) Daily Dispensing Authentication log documents all RX's that have been verified - new and refill. Log is signed by each daily dispensing RPh. 37.) Bound third party / counseling log book documents all offers to counsel. 39.) RPh aware of OARRS, however has not signed up. Go to www.ohiopmp.gov to sign up.

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SIGNATURE OF PERSON IN CHARGE

DATE


SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev. 03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: <u>5/19/09</u>	DEA #: <u>DEA BG 6914801</u>
BOARD AGENT: <u>Edwards</u>	DEA #: <u>TDDD 021223950</u>

YES NO (Place an X on the appropriate line for each statement below)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- X ___ Key in sealed envelope in safe.
- X ___ All items requiring R.Ph. supervision are inside barricade.
- X ___ Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- X ___ Minimum of seven (7) feet in height.
- X ___ Fully enclosed.
- X ___ Suitable locks are provided.
- X ___ Prescription department cannot be entered when locked without obvious damage to barricade.
- X ___ No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

ELECTRONICS:

- ___ X This is a company-owned system.
If no, leased from who? State Alarm
- X ___ This is a ___ HARDWIRE / ___ WIRELESS / X BOTH system. (check one)
- X ___ There is a functional emergency "hold up" button.
- X ___ System is in operation at all times when R.Ph. is not present.
- X ___ Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?

- X ___ Only pharmacists possess access code to prescription room.
- ___ X System was tested this date. Date system was last tested? _____
- ___ X Slot is provided for drop-in prescriptions.
- X ___ Suitable notice of operating hours to public is posted.
- ___ ___ Notice of emergency service is posted.

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:

I have been informed of and understand the following requirements:

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.

Kimberly D. Jones
(Signature of R.Ph./Owner)

5-19-09 4:00 PM
(Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:

William J. Elch
(Signature of Board Agent)

Agent
(Title)

Comments:

Fully enclosed barricade with 1 roll down steel gate and one gate that pulls across register area. Three motion sensors. Two sets of keys one for each RPh + one floater set locked in store safe.

Barricade approved.

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, RM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: <u>RTPC</u> DDD#: <u>021223950</u> NAME: <u>Giant Eagle #1225</u> R.P.: <u>Matthew Walker, RPh</u> ADDR: <u>27505 Chardon Rd</u> <u>Willoughby Hills, OH 44092</u> CAT: <u>W</u> CLASS: CNTY: <u>43</u>	AREA CODE / TELEPHONE NUMBER <u>440-944-9389</u> TIME IN <u>1:00</u> AM <u>PM</u> TIME OUT <u>3:00</u> AM <u>PM</u> TYPE <u>RTPC</u> FED. # <u>BB69/4801</u> EXP. DATE <u>9/30/14</u> HOURS OPEN <u>M-F 9-9 Sat 9-6 Sun 9-5</u> FAX NUMBER <u>440-944-9391</u> EMAIL <u>Giant Eagle Pharmacy #1225</u> <u>27505 Chardon Road</u> <u>Willoughby Hills Ohio 44092</u> <u>Phone: (440) 944-9389</u> <u>Fax: (440) 944-9391</u>
--	--

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
<u>Daryl Heiser</u>		<u>03213793</u>			
<u>Matthew Walker</u>		<u>31956</u>			

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
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31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☒ Partial ☐

1) OSBP and DEA licenses current and posted.

2) OK

3) McKesson/PDX enterprise dispensing system, EPS version 25.05.012 This pharmacy began using this new dispensing system in July 2013. DUR issues may only be resolved by RPh. New system has biometric fingerprint scanner, used at final act of verification. System gives a warning tone when tech's or RPh scan incorrectly or when too much time has lapsed during fill process. Data is backed up at corporate HQ. Giant Eagle stores are all corrected for patient profile searches, however system is not yet approved.

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

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SIGNATURE OF PERSON IN CHARGE

DATE

SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, RM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:

DDD#:

NAME:

R.P.:

ADDR:

AREA CODE / TELEPHONE NUMBER

TIME IN

A.M.

TIME OUT

A.M.

P.M.

P.M.

TYPE

FED. #

EXP. DATE

HOURS
OPEN

FAX NUMBER

EMAIL

CAT:

CLASS:

CNTY:

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
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31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☐Partial ☐

as real time system. Five terminals handle data entry. No wholesale sales completed.

4.) Fully enclosed barricade with electronic alarm backup. Barricade inspection report completed.

5.) OK.

6.) Electronic alarm - State Alarm - backs up physical barricade. No known thefts or significant losses since RPh Herber has worked here - 4 years.

7.) RPh is able to access OSBP website and Ohio laws and rules.

8.) OK.

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

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SIGNATURE OF PERSON IN CHARGE

DATE

SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, RM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 021223150 NAME: R.P.: ADDR: CAT: CNTY:	AREA CODE / TELEPHONE NUMBER TIME IN AM P.M. TIME OUT AM P.M. TYPE FED. # EXP. DATE HOURS OPEN FAX NUMBER EMAIL
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3 of 4

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING
 2. I.D. CARDS
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 16. ILLEGAL PURCHASES
 17. SAMPLES
 20. IMPROPER Rx's
 21. OUTDATED DRUGS
 22. DRUG LABELS
 23. Rx INFORMATION
 24. OTC/SYRINGES
 26. Rx FILES
 27. Rx COPIES
 28. Rx INT/DATE
 29. DEA INVENTORY
 30. PHONED C-II Rx
 31. REFILLS-6MO/5X
 32. REFILLS-INT/DATE
 33. REFILLS-UA
 37. COUNSELING
 38. PSE SALES
 39. OARRS
 40. CONFIDENTIALITY
- Full ☐ Partial ☐

- 9.) OK. Temperature log maintained
- 10.) Records of accountability stored in controlled drug record box DEA 222 forms properly executed upon receiving C-II orders from McKesson. Order forms affixed to invoice and maintained in proper order.
- 13.) Discrepancy of twenty two (22) hydrocodone/APAP 10/325 mg noted on 10/1/13 narcotic audit. If 4US is deemed to be a theft or significant loss a DEA-106 form must be completed.
- 21.) Approaching outdates marked with round colored stickers. Return to stock walls appropriately reflect NDC # and expiration date.

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE	10/30/13 DATE	SIGNATURE OF INSPECTOR	10/30/13 DATE
-------------------------------	------------------	------------------------	------------------

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, RM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:

DDD#:

NAME:

R.P.:

ADDR:

AREA CODE / TELEPHONE NUMBER

TIME IN

A.M.

TIME OUT

A.M.

P.M.

P.M.

TYPE

FED. #

EXP. DATE

HOURS
OPEN

FAX NUMBER

EMAIL

CAT:

CLASS:

CNTY:

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
20. IMPROPER Rx's
21. OUTDATED DRUGS
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32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☐Partial ☐

23) CII Rx's properly contain prescriber DEA, patient residential address and quantity in alpha-numeric format.

26) 4 part filing system

28) RPh must continue to manually initial new hard copy Rx's to show positive ID until EPS system is fully approved for paperless positive ID.

29) Last biennial inventory completed 6/3/13 when RPh Walker took over as responsible person.

32) Daily log reports signed by RPh for positive ID on refill Rx's.

39) RPh's actively use OARRS.

Rx# 4022605 processed today Approx 200 Rx/day

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE

DATE

SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: <u>10/30/2013</u>	T.O.D.D.#: <u>021223950</u>
BOARD AGENT: <u>Edwards</u>	D.E.A.#: <u>BG6914801</u>

YES NO (Place an X on the appropriate line for each statement below)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- ☒ Key in sealed envelope in safe.
- ☒ All items requiring R.Ph. supervision are inside barricade.
- ☒ Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- ☒ Minimum of seven (7) feet in height.
- ☒ Fully enclosed.
- ☒ Suitable locks are provided.
- ☒ Prescription department cannot be entered when locked without obvious damage to barricade.
- ☒ No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

ELECTRONICS:

- ☒ This is a company-owned system.
If no, leased from who? State Alarm
- ☒ This is a ☒ HARDWIRE / ☐ WIRELESS / ☐ BOTH system. (check one)
- ☒ There is a functional emergency "hold up" button.
- ☒ System is in operation at all times when R.Ph. is not present.
- ☒ Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?
Audible alarm & RPh called.
- ☒ Only pharmacists possess access code to prescription room.
- ☒ System was tested this date. Date system was last tested? _____
- ☒ Slot is provided for drop-in prescriptions.
- ☒ Suitable notice of operating hours to public is posted.
- ☐ Notice of emergency service is posted.

OHIO STATE BOARD OF PHARMACY

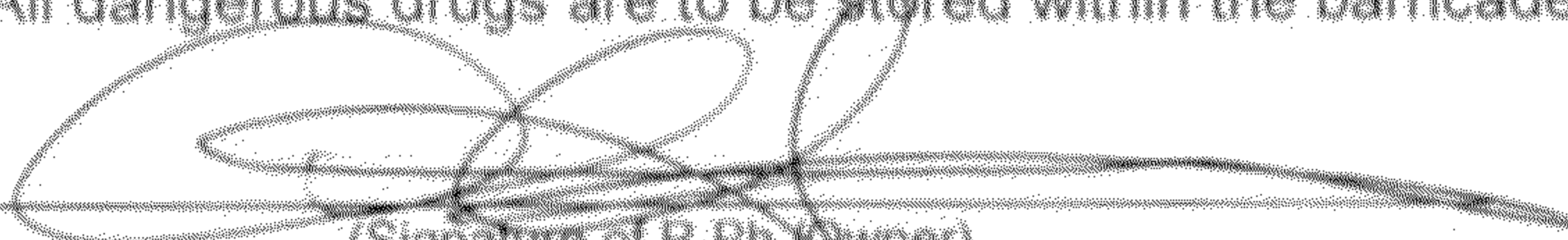
PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:

I have been informed of and understand the following requirements:

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.


 (Signature of R.Ph. Owner)

10-30-13 2:45 PM
 (Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:


 (Signature of Board Agent)

Agent
 (Title)

Comments:

Fully enclosed barricade. Roll down steel gate at Rx processing area. Pull across steel gate at pick up and drop off area. Electronic alarm backs up physical barricade. Three total sets of keys are for each RPh plus flatter set.

Barricade Approved

Giant Eagle Pharmacy #1225
 27505 Chardon Road
 Willoughby Hills Ohio 44092
 Phone (440) 944-9389
 Fax (440) 944-9391

RECEIVED
DEC - 7 2012

Giant Eagle Pharmacy

#1405

48 Vienna Ave.

Niles, Ohio 44446

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, RM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: TDDD

DDD#: 020673750

NAME: Giant Eagle #1405

R.P.: Timothy C. Kaylor (R.Ph.)

ADDR: 48 Vienna Ave
Niles, OH 44446

AREA CODE / TELEPHONE NUMBER

330-652-1260

TIME IN

10:30 P.M.

TIME OUT

12:05 P.M.

TYPE

Retail Chain

FED. #

BS2891693

EXP. DATE

07-30-14

HOURS
OPEN

Mon-Fri
9A-9P

SAT
9A-7P

SUN
7A-5P

FAX NUMBER

330-652-1260

EMAIL

CAT: III

CLASS: 05

CNTY: TB/Trumbull

PERSONNEL

INIT.
USED

TITLE/
I.D. NO.

PERSONNEL

INIT.
USED

TITLE/
I.D. NO.

Roy W. Palumbo III (R.Ph.)

03230118

Jeffery C. High (R.Ph.)

26354

Jonathan M. Bowman (R.Ph.)

03328708

Jeffrey T. Sweeter (R.Ph.)

03122301

Timothy C. Kaylor (R.Ph.)

29972

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
20. IMPROPER Rx's
21. OUTDATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGS
26. Rx FILES
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28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED C-II Rx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☒ Partial ☐

1. State and Federal licenses are current and

Posted for inspection.

2. R.Ph.'s Palumbo and Bowman are carrying valid

Signed I.D. Cards.

3. This Site uses PDX Computer Software version

2.5.01.040. Pharmacy has 13 terminals for data

functions. The computer software maintains a true

and accurate edit trail. Once an Rx has been dispensed

it can not be deleted. Giant Eagle Pharmacy is online

with all other Giant Eagle pharmacies for purposes of

Patient Profiles, Rx transfers and prescriber data.

This site prints out a daily ~~dispensing~~ ^{ITB} ~~automated~~ log

Log Report that contains All Rx's dispensed that date.

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

Jonathan M. Bowman

SIGNATURE OF PERSON IN CHARGE

11/30/12

DATE

[Signature]

SIGNATURE OF INSPECTOR

11-30-12

DATE

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

1 2

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, RM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 020613130 NAME: Count Eagle #1405 R.P.: ADDR:			AREA CODE / TELEPHONE NUMBER TIME IN A.M. P.M.		TIME OUT A.M. P.M.	
CAT: CNTY: 78 / Trumbull			CLASS:		TYPE FED. # EXP. DATE	
2083			HOURS OPEN		FAX NUMBER EMAIL	
PERSONNEL		INIT. USED	TITLE/ I.D. NO.	PERSONNEL		INIT. USED
3 Cont				PERSONNEL		INIT. USED
3 Cont				PERSONNEL		INIT. USED
3 Cont				PERSONNEL		INIT. USED

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
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23. Rx INFORMATION
24. OTC/SYRINGES
26. Rx FILES
27. Rx COPIES
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29. DEA INVENTORY
30. PHONED C-II Rx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☐ Partial ☐

The daily log reports are signed by dispensing R.Ph.'s as reviewed. In addition to the daily log a DUA override report is generated daily and maintained with the daily logs.

4. Barricade inspection report completed this date. Physical barricade approved.

5. Minimum standards met

6. The theft of drugs is a felony and must be reported to the Board of Pharmacy immediately upon discovery via telephone. If a Controlled Substance the DEA must be notified.

7. Site uses the internet to access laws OAC, ORC, and CFA. 8. OK / 9. OK

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.


 SIGNATURE OF PERSON IN CHARGE

11/30/12
 DATE


 SIGNATURE OF INSPECTOR

11-30-12
 DATE

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY



DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, RM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: <u>020613750</u> NAME: <u>Giant Eagle #403</u> R.P.: ADDR: 3 of 3 CAT: CNTY: <u>18 / Trumbull</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">AREA CODE / TELEPHONE NUMBER</td> <td style="width: 10%;">TIME IN</td> <td style="width: 10%;">A.M.</td> <td style="width: 10%;">TIME OUT</td> <td style="width: 10%;">A.M.</td> </tr> <tr> <td></td> <td></td> <td>P.M.</td> <td></td> <td>P.M.</td> </tr> <tr> <td colspan="2">TYPE</td> <td colspan="2">FED. #</td> <td>EXP. DATE</td> </tr> <tr> <td colspan="5">HOURS OPEN</td> </tr> <tr> <td colspan="2">FAX NUMBER</td> <td colspan="3">EMAIL</td> </tr> </table>	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.			P.M.		P.M.	TYPE		FED. #		EXP. DATE	HOURS OPEN					FAX NUMBER		EMAIL		
AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.																						
		P.M.		P.M.																						
TYPE		FED. #		EXP. DATE																						
HOURS OPEN																										
FAX NUMBER		EMAIL																								

PERSONNEL	INIT. USED	TITLE / I.D. NO.	PERSONNEL	INIT. USED	TITLE / I.D. NO.

<ol style="list-style-type: none"> 1. LICENSING 2. I.D. CARDS 3. RECORD SYSTEM 4. BARRICADE 5. MIN. STANDARDS 6. SECURITY 7. LIBRARY 8. CLEANLINESS 9. REFRIGERATION 10. ACCOUNTABILITY 11. IMPROPER DISPENSING 12. INSUFFICIENT SUPERVISION 13. INVENTORY RECORDS 14. DRUG DESTRUCTION 15. ILLEGAL SALES 16. ILLEGAL PURCHASES 17. SAMPLES 20. IMPROPER Rx's 21. OUTDATED DRUGS 22. DRUG LABELS 23. Rx INFORMATION 24. OTC/SYRINGES 26. Rx FILES 27. Rx COPIES 28. Rx INT/DATE 29. DEA INVENTORY 30. PHONED C-II Rx 31. REFILLS-6MO/5X 32. REFILLS-INT/DATE 33. REFILLS-UA 37. COUNSELING 38. PSE SALES 39. OARRS 40. CONFIDENTIALITY 	<p><u>10. DEA 222 forms are properly executed as reviewed</u></p> <p><u>21. Outdates are removed from stock as reviewed</u></p> <p><u>22. Drug labels contain proper information as reviewed</u></p> <p><u>23. C-II thru V files reviewed are properly displaying quantity in alpha numeric format + DEA #'s.</u></p> <p><u>Pharmacy RX's properly document agents full name.</u></p> <p><u>29. DEA inventory "Annual drug ^{Controlled} inventory" conducted on 05-27-12 at the close of business by R.Ph. Timothy C. Kaylor.</u></p> <p><u>37. All R.Ph's at this site are registered to use OARRS</u></p> <p><u>Wholesalers: McKesson & Andra</u></p> <p><u>daily RX average 650 / 35% are refills</u></p>
--	---

Full ☐ Partial ☐

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

Timothy M. Brown
SIGNATURE OF PERSON IN CHARGE

11/30/12
DATE

[Signature]
SIGNATURE OF INSPECTOR

11-30-12
DATE

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: <u>8-11-30-12</u>	T.D.D.D. #: <u>020675750</u>
BOARD AGENT: John Bonish	D.E.A. #: <u>BS2891693</u>

YES NO (Place an X on the appropriate line for each statement below)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- X ___ Key in sealed envelope in safe.
- X ___ All items requiring R.Ph. supervision are inside barricade.
- X ___ Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- X ___ Minimum of seven (7) feet in height.
- X ___ Fully enclosed.
- X ___ Suitable locks are provided.
- X ___ Prescription department cannot be entered when locked without obvious damage to barricade.
- X ___ No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

ELECTRONICS: Act as a backup to physical barricade

- ___ X This is a company-owned system.
If no, leased from who? State Alarm (888-726-8111)
- X ___ This is a ___ HARDWIRE / X WIRELESS / ___ BOTH system. (check one)
- X ___ There is a functional emergency "hold up" button.
- X ___ System is in operation at all times when R.Ph. is not present.
- ___ ___ Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?
Not tested physical providing adequate tamper evident setting
- X ___ Only pharmacists possess access code to prescription room.
- ___ X System was tested this date. Date system was last tested? _____
- ___ X Slot is provided for drop-in prescriptions.
- X ___ Suitable notice of operating hours to public is posted.
- X ___ Notice of emergency service is posted.

201

10/10/19

10/10/19

10/10/19

10/10/19

10/10/19

10/10/19

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:**I have been informed of and understand the following requirements:**

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.




 (Signature of R.Ph./Owner)

 11/30/12 12:05P

 (Date and Time of Signature)
BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:



 (Signature of Board Agent)

 Agent

 (Title)
Comments:

Highly Confidential Subject to Protective Order

BOP_MD L2799993



State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126

(614) 466-4143 | Fax (614) 752-4836 | <http://www.pharmacy.ohio.gov>

License 020673750

Giant Eagle Pharmacy #1405

48 Vienna Avenue

Niles, OH 44446

Trumbull County

Terminal - Pharmacy - Category 3

Property Receipt

September 18, 2019



License 020673750 - Giant Eagle Pharmacy #1405

Full

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836
<http://www.pharmacy.ohio.gov>

Completed by William DiFrangia

Start 9/18/2019 12:58 PM

End 9/18/2019 1:17 PM

Organization

Name

Giant Eagle Pharmacy #1405

License Type

Terminal - Pharmacy - Category 3

Category
License Number

020673750

Business Type

IL - Large Chain Retail (12+ Outlets)

DEA Number

BG2891693

Responsible Person

John Stephen Judin, JR, RPH

Hours of Operation

Contact

Address

48 Vienna Avenue
Niles, OH 44446
Trumbull County

Primary Number

(412) 968-1610

Fax Number

(330) 652-1260

Website

Personnel

Name
Initials
Position
I.D. No.
Phone
Email

John Stephen Judin, JR, RPH

Pharmacist 03225114

(614) 353-6318

judin.1@osu.edu

R.Ph. Michael Rozic

Pharmacist 03118816

1) List of Property/Records Obtained

1) List of Property/Records obtained from the terminal distributor.

Observation

Prescriber Last Name Rx Number Drug Name Qty
Skiffey 4583792 HYDROCODON-ACETAMINOPHEN 5-325 20
Skiffey 4584129 HYDROCODON-ACETAMINOPHEN 5-325 20
Skiffey 4585347 VICODIN 5-300 MG TABLET 20
Skiffey 4585693 DIAZEPAM 5 MG TABLET 2
Skiffey 4585694 VICODIN 5-300 MG TABLET 8
Skiffey 4586404 VICODIN 5-300 MG TABLET 16
Skiffey 4588277 TRAMADOL HCL 50 MG TABLET 8
Skiffey 4588386 TRAMADOL HCL 50 MG TABLET 8
Skiffey 4588779 TRAMADOL HCL 50 MG TABLET 12
Skiffey 4589730 TRAMADOL HCL 50 MG TABLET 16
Skiffey 4590096 TRAMADOL HCL 50 MG TABLET 16
Skiffey 4590327 TRAMADOL HCL 50 MG TABLET 16
Skiffey 4590741 ACETAMINOPHEN-COD #3 TABLET 12

4) Property Receipt/Return Affirmation

1) Property Receipt Affirmation

Observation

As the on duty employee, I confirm this receipt for property or records obtained or returned by the State of Ohio Board of Pharmacy. I also confirm that if records have been requested, I will supply those records within three (3) working days or I will notify the person who can supply the records within that time period.

Summary

No Issue Found

Reviewed by R.Ph. Michael Rozic

mhr
SOBP AGENT

(signature)



State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126

(614) 466-4143 | Fax (614) 752-4836 | <http://www.pharmacy.ohio.gov>

License 020673750

Giant Eagle Pharmacy #1405

48 Vienna Avenue
Niles, OH 44446
Trumbull County

Terminal - Pharmacy - Category 3

Retail Pharmacy Inspection

August 31, 2020



License 020673750 - Giant Eagle Pharmacy #1405

Full

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836
<http://www.pharmacy.ohio.gov>

Completed by Kimberly Hollingshead
Start 8/31/2020 2:31 PM
End 8/31/2020 3:49 PM

Organization

Name Giant Eagle Pharmacy #1405	License Type Terminal - Pharmacy - Category 3	Category
License Number 020673750	Business Type IL - Large Chain Retail (12+ Outlets)	DEA Number BG2891693
Responsible Person John Stephen Judin, JR, RPH	Hours of Operation Mon-Fri: 8a-8p; Satu & Sun: 9a-5p	

Contact

Address 48 Vienna Avenue Niles, OH 44446 Trumbull County	Primary Number (412) 968-1610	Fax Number (330) 652-1260	Website
--	---	-------------------------------------	----------------

Personnel

Name	Initials	Position	I.D. No.	Phone	Email
Jonathan Michael Bowman, RPH		Pharmacist	03328708	(330) 637-3760	jmbowman7@gmail.com
Hannah Colburn		Pharmacy Intern	060001485		
John Stephen Judin, JR, RPH		Pharmacist	03225114	(614) 353-6318	judin.1@osu.edu
Rachael Ann Lane		Registered Pharmacy Technician	09213640	(330) 978-2912	rlane11@kent.edu
Scott Allen Petzak		Registered Pharmacy Technician	09202029	(330) 979-7491	spetzak@hotmail.com
Laurie Warino		Pharmacy Intern	060001541		

1.1) SOBP License

- 1) Is the pharmacy TDDD license readily retrievable for inspection?
Yes
- 2) Is the Pharmacy TDDD license current and up to date?
Yes
- 3) Has the pharmacy TDDD license been signed by the Responsible Pharmacist?
Yes

1.2) Responsible Person

- 1) Is there a current Responsible Person for the TDDD license?
Yes

1.3) DEA Certificate

1) Is the pharmacy's DEA certificate current?

Yes

Observation

Certificate is current and expires 9-30-2020

2) Is the pharmacy's DEA certificate posted for inspection?

Yes

2.1) Record Availability**1) Can the pharmacy produce a detailed patient profile for the past 12 months immediately upon request?**

Yes

2) Can the pharmacy produce three (3) years of dispensing records within three (3) business days?

Yes

2.3.1) Basic Questions Pertaining to the Dispensing Software**1) What is the name of the Dispensing software being used by the pharmacy?**Observation

EPS Workflow

2) What is the current version of the Dispensing Software?Observation

Version: 2020.05 P24 Universal

Build: EPS_2020_05_23

3) Is the dispensing software pharmacy owned, or provided by a third-party vendor?

Pharmacy owned

2.3.2) Purged Dispensing Data**1) Has the pharmacy PURGED required records?**

No required data has been purged within the past three (3) years.

3) Does the pharmacy backup its dispensing software?

Yes

2.3.3) Stand Alone System**2) How many total dispensing terminals are there?**

10

Observation

10 terminals

3) Are there any dispensing terminals outside the pharmacy barricade?

No

2.3.4) Shared Dispensing Software**1) Is the shared dispensing software "a real time online system", and used for the review and transfer of dispensing data?**

Yes

Observation

Yes

2) Does the pharmacy's real time online system prevent a patient from receiving more dispensings than authorized by the original prescription?

Yes

2.3.6) Dispensing Record Accuracy**1) Are required records of accountability being kept complete and accurate in the dispensing software?**

Yes

Observation

Reviewed random prescriptions with associated backtags. Information on backtag was found to match the information on the prescription

2.3.7) True Edit Trails

1) Can dispensing data be permanently removed (deleted) from the dispensing software?

No

Observation

It is not possible to permanently remove (delete) dispensing data from the ARKS.

2) Does the pharmacy's dispensing software maintain a "True Edit Trail" of changes made to all required dispensing data?

Yes

Observation

The pharmacy's ARKS maintains a "True Edit Trail" of changes made to all required dispensing data.

3) Can deleted or edited dispensing data be retrieved for inspection by the OSBP?

Yes

Observation

Deleted or edited dispensing data can be retrieved for inspection by the OSBP.

2.3.8) Dispensing Software Security**1) Does the dispensing software control the level of access based on duties (Technician vs. Pharmacist)?**

Yes

Observation

The ARKS controls access levels based on pharmacy duties (Technician vs. Pharmacist).

2) Are on-duty pharmacists controlling and supervising dispensing software access and use?

Yes

Observation

The on-duty pharmacists are controlling and supervising the ARKS access and use.

3) When logging into the dispensing software, what is the security access to dispensing functions?

Fingerprint

2.4) Traditional Paper Positive Identification**1) What is the method of positive ID, for the act of dispensing?**

The Pharmacy uses a paperless process that was made approvable by the OSBP.

2.5) ePositive Identification**1) Is a paperless positive ID system being used that has not been made approvable by the Board of Pharmacy?**

No

2) Is there documentation the pharmacy's paperless positive ID system was made approvable by the Board of Pharmacy?

Yes

3) Have any changes been made to the pharmacy's paperless positive ID system, from what was originally made approvable?

No

2.6) Other Areas Requiring Positive ID**1) Is there positive ID for the practice of pharmacy at data entry?**

Yes

2) Is there positive ID of the practice of pharmacy for DUR?

Yes

3) Is there positive ID for the act of dispensing?

Yes

4) Is there positive ID for patient counseling?

Yes

5) Is there positive ID of the Pharmacist or Intern who administered an adult immunization?

Yes

3.1) Physical Barricade

1) Does the pharmacy have a fully enclosed barricade or an open air barricade?

Fully Enclosed Barricade

Observation

Pharmacy is fully enclosed with one large window on the front face

2) Are adequate locks provided for the pharmacy barricade?

Yes

3) Are all of the keys (except for floater keys) to the pharmacy barricade under pharmacist control?

Yes

4) If the pharmacy has the "floater" keys, are they secure and tamper evident?

Yes

5) Does the Responsible Pharmacist routinely check the floater key to ensure continual security and tamper evidence?

Yes

6) When in use, does the pharmacy barricade secure all items requiring pharmacist supervision?

Yes

7) When the barricade is in use can the pharmacy be entered without making obvious damage to the barricade?

No

8) Was the barricade, or changes to the barricade, put into use before receiving Board of Pharmacy approval?

No

9) When the pharmacy is closed, do any non-pharmacist personnel have access to any items, products, or equipment stored within the pharmacy barricade?

No

10) Does the pharmacy have a "drop box" where new prescription and/or refill prescription orders can be deposited when no pharmacist is present?

No

3.2) Electronic Barricade**1) Was the pharmacy alarm tested during this inspection?**

No

2) Who owns the pharmacy alarm system?

The Pharmacy

3) Who monitors the pharmacy alarm and what is their phone number?Observation

State Alarm

4) Does anyone other than a pharmacist have the code or the key to the alarm system?

No

5) Does each pharmacist have their own individualized alarm code?

Yes

9) Does the alarm detect entry into the pharmacy?

Yes

10) Can the alarm system be bypassed when in use?

No

4) *Minimum Standards*

1) Is the phone number for poison control readily accessible in the pharmacy?

Yes

2) Does the pharmacy have the proper equipment to conduct the practice of pharmacy?

Yes

3) Does the pharmacy have enough drug stock fill most prescription requests?

Yes

4) Does the pharmacy have the containers necessary to dispense a variety of medication types and sizes?

Yes

5) Is there adequate space and fixtures within the pharmacy barricade to effectively operate a retail pharmacy?

Yes

6) Are the pharmacy operating hours posted in plain view for the public to see?

Yes

7) Is there evidence to indicate a problem with staffing levels?

No

8) Are the pharmacy employees wearing name tags with their job title?

Yes

5) *Security***1) Is the security of the pharmacy drug stock adequate to detect and deter drug theft and diversion?**

Yes

2) Are all of the pharmacy's drug stocks kept within the pharmacy barricade?

Yes

3) Are all records of accountability that are stored outside of the pharmacy barricade but within the same physical location secure and tamper evident?

Yes

4) Does the Pharmacy have an off site facility for the storage of records of accountability?

No, all records are stored at the same physical location as the pharmacy.

5) Has the pharmacy experienced any drug thefts or losses in the last three (3) years?

No

6) Drug Theft or Loss StatementObservation

Any theft or loss of dangerous drugs must be reported by law to the State of Ohio Board of Pharmacy and local law enforcement immediately upon discovery.

Notify the DEA if controlled substances were involved.

Theft or loss must be reported to the Board using the Boards on-line portal or by notifying a local Pharmacy Board Employee or by calling 614-466-4143 immediately upon discovery.

In addition to the initial notification requirements, a licensee is required to submit a detailed report of the theft or significant loss to the Board using the online portal within thirty days following the discovery of such theft or significant loss.

<https://www.pharmacy.ohio.gov/Licensing/dea106.aspx>

6) Library**1) Does the pharmacy have an up to date "Drug Laws of Ohio" book, or an online resource to access the required information?**

Yes

2) Does the pharmacist have access to the paper/electronic references necessary to appropriately practice pharmacy?

Yes

7) *Cleanliness***1) Is the pharmacy clean and well lit?**

Yes

8) *Refrigeration*

1) Are all pharmacy refrigerators and/or freezers in good working order with an adequate system in place to ensure that the medications stored within are stored at appropriate temperatures?

Yes

9.1) Drug Ordering Procedures

1) Is the pharmacy using paper DEA-222 order forms, or are they using an electronic DEA-222 ordering system being used?

Electronic DEA-222 ordering system is being used.

9.3) Electronic C-II drug order receipt

1) When using an electronic drug ordering system, is the pharmacy creating a record of receipt that is electronically linked to the original order?

Yes

9.4) Wholesale information

1) Who are the wholesale drug distributors utilized by this pharmacy?

Observation

Cardinal Health and Giant Eagle Distribution Center

10) Improper Dispensings

1) Is there evidence to indicate that a prescription has been dispensed improperly?

No

2) Are the pharmacist performing a prospective Drug Utilization Review?

Yes

3) Is the pharmacy using the correct NDC number when dispensing drugs?

Yes

11) *Insufficient Supervision*

1) Is there pharmacist supervision of the dangerous drugs and other pharmacy employees at all times while the pharmacy is open and operating?

Yes

2) Are only pharmacists performing tasks requiring professional judgment?

Yes

15) Illegal Purchases

1) Verify Licenses of Distributors/Wholesalers

Yes

20) *Outdated Drugs*

1) Are there expired medications within the pharmacy's active drug stock?

No

2) Are the known expired drugs segregated from the pharmacy drug stock?

Yes

21) Drug Labels

1) Are the pharmacy prescription labels in compliance with OAC 4729-5-16?

Yes

22.1) Signature

1) Are issued prescriptions including fax to fax prescriptions manually signed by the prescriber?

Yes

22.2) DEA Number

1) Is the prescriber's DEA registration number written or pre-printed on all controlled substance prescriptions?

Yes

22.3) Prescription refills

1) Are the prescribers specifying the number of refills or the period of time for which the prescription may be refilled?

Yes

22.4) APN prescriptions

1) Do prescriptions written by Advanced Practical Nurses have their Certificate to prescribe (CTP) number written on them?

Yes

22.5) Prescriber's Agent

1) Is the first and last name of the prescriber's Agent written on phoned in prescriptions when applicable?

Yes

23) OTC's & Syringes

1) Does the pharmacy store over the counter medications within the pharmacy barricade?

Yes

2) Are syringes stored in the pharmacy and kept out of obvious public view?

Yes

24.1) Non-sterile compounding

1) The pharmacy performs the following types of non-sterile compounding:

Observation

Pharmacy performs minimal compounding. Pharmacy will print off a compounding log using their computer software and sign the compounding log using wet-ink signature. The compounding log then gets scanned back into the computer software

25) Prescription Files

1) Are the prescriptions dispensed by the pharmacy being filed in three separate files?

Yes

2) Are the prescription files in good order and are prescriptions being filed in a timely manner?

Yes

28) *Annual Drug Inventory*

1) Has an annual drug inventory been completed within the specified time period?

Yes

Observation

Annual Controlled Drug Inventory was completed 5-1-2020 at end of day

35) *Qualified Pharmacy Technicians (QPT)*

1) Does anyone other than a pharmacist, pharmacy intern, or Qualified Pharmacy Technician package, label, or compound dangerous drugs while working in the pharmacy?

No

2) Do all Qualified Pharmacy Technicians meet the minimum standards set forth in OAC 4729-4-02 and 4729-4-03?

Yes

Observation

Technician credentials were verified through eLicense.

3) Have criminal records checks been performed on all pharmacy technicians intending to preform qualified tech duties?

Yes

4) Are Qualified Tech's BCI & FBI background checks available for review?

Yes

36) Counseling

1) Is Patient counseling being offered with every prescription?

Yes

37) Pseudoephedrine Sales

1) Is the pharmacy selling more than nine (9) grams of pseudoephedrine to any individual per 30 days?

No

38) *OARRS*

1) Does the pharmacist have access to OARRS to request reports when needed?

Yes

Observation

Pharmacy's dispensing software has a hard stop to make pharmacy run an OARRS report. If the hard stop is overridden then the pharmacy must state why the hard stop was overridden

2) Are the pharmacists requesting OARRS reports when appropriate?

Yes

3) Is the Pharmacy software integrated with OARRS?

Yes

4) Are any of the Pharmacists using delegates to request OARRS reports?

No

5) When should a pharmacist request an OARRS report?Observation

1. The first time you fill a prescription for a new or different controlled substance, you must run an OARRS report. First hydrocodone? Run it. Next day new RX for testosterone? Run it again. A week later another hydrocodone? Not required, but a good idea.

2. If you don't have a documented record of having run an OARRS report in the past year, run it. This creates your baseline.

3. A prescriber is located outside the usual pharmacy geographic area.

4. A patient is from outside the usual pharmacy geographic area.

5. A pharmacist has reason to believe the patient has received prescriptions for controlled substances from more than one prescriber in the preceding three months, unless the prescriptions are from prescribers who practice at the same physical location (i.e. same group practice).

6. Patient is exhibiting signs of potential abuse or diversion. (This includes, but is not limited to, over-utilization, early refills, appears overly sedated or intoxicated upon presenting a prescription, or an unfamiliar patient requesting a reported drug by specific name, street name, color, or identifying marks.)

7. If in doubt, run the OARRS report. You don't know what you don't know.
It's OK to say no. You might just save a life.

6) Corresponding ResponsibilityObservation

Remember: To be valid, a prescription must be issued for a legitimate medical purpose by a prescriber acting in the usual course of his/her practice. The responsibility for the proper prescribing is upon the prescriber; however a corresponding responsibility also rests with the pharmacist who dispenses the prescription. An order purporting to be a prescription issued not in the usual course of bona fide treatment is not a prescription and the person knowingly dispensing such a purported prescription shall be subject to the penalties of law. Pharmacists shall use professional judgment when making a determination about the legitimacy of a prescription. A pharmacist is not required to dispense a prescription of doubtful, questionable, or suspicious origin [OAC 4729-5-20(G) 4729-5-30(A) & 4729-5-21(A)].

39) Confidentiality**1) Are there any known issues pertaining to patient confidentiality?**

No

41) Points of Emphasis

1) The below listed items are some select points to remember while overseeing and conducting the practice of pharmacy.Observation

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.

42) Addiction and Mental Health Resources**1) Addiction and Mental Health Resources**Observation

The State of Ohio Board of Pharmacy encourages all licensed pharmacy employees who may be struggling with addiction and/or mental health issues to seek help. The following are resources to get help:

Pharmacists Rehabilitation Organization - www.ohiopros.com

Glenbeigh - www.glenbeigh.com

Maryhaven - www.maryhaven.com

Questhouse - www.questhouse.com

Ohio Dept. of Mental Health and Addiction services - mha.ohio.gov
Phone 877-275-6364

44) Additional Findings**1) Return to Stock:**Observation

Observed several return to stock (RTS) bottles on the pharmacy shelving. The bottles were found to have the original dispensing label with a RTS label over top.

The RTS label was found to contain the following information:

- Medication name/strength
- NDC
- RPh Initials
- Store information
- Initial Fill Quantity
- Initial Fill Date
- Calculated Use By Date ** ** Use by date is based off of Giant Eagle Policy 10-003 which sets the date at 180 days from initial fill

This is compliant with Ohio Administrative Code 4729-5-14 Return to Stock in a Pharmacy

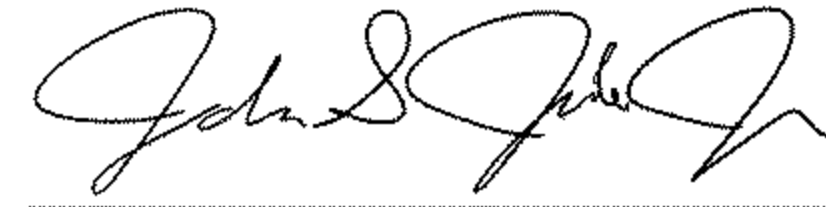
46) Inspection Affirmation**1) Inspection Affirmation**Observation

As the on-duty pharmacist, at the time of this inspection, I affirm that I have reviewed this inspection report with the Specialist/Agent/Inspector, and understand its content. If this inspection report requires a written response of corrective action, the response shall be provided to the Ohio State Board of Pharmacy within 30 days of this inspection. I understand that if I am not the Responsible Person documented on this site's Ohio TDDD license, I will ensure the Responsible Person is notified of this inspection report and any corrective actions required. Responses can be emailed (with a copy of the inspection report) to writtenresponse@pharmacy.ohio.gov or they may be mailed to 77 South High Street, 17th Floor, Columbus, Ohio 43215.

Summary

No Issue Found

Reviewed by John Stephen Judin, JR, RPH



(signature)

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY, 77 S. HIGH ST., 17TH FLOOR, COLUMBUS, OHIO 43266-0320 - (614)466-4143

DDD#: 02-673750
NAME: Giant Eagle Pharmacy #1405
R.P.:
ADD: 48 Vienna Ave.
Niles, Ohio 44446

CNTY: TAUMBULL

PHONE	216 / 652 / 2150	TIME IN	1100	TIME OUT	115
TYPE	05	FED. #	BG 2891693	EXP. DATE	9-97
HOURS OPEN	9-9	(DAILY)	(SAT.)	(SUN. & HOLIDAYS)	9-6
RESPONSIBLE PERSON:	RICK JEREN	TITLE	RAH		

PERSONNEL	TITLE/I.D. NO.	PERSONNEL	TITLE/I.D. NO.
Teffrey Michael Mymo	RAH. #20651		

JAN 16 1996

1. LICENSES	#1- The new 1996 license is posted
2. I.D. CARDS	#2- Current
3. RECORD SYSTEM	#3- IBM hardware w/ PDX pharmacy software
4. BARRICADE	The pharmacy has two computer patient dispensing monitors. All patient profile information is processed by the computer. No separate profile records.
5. MIN. STANDARDS	All original prescriptions are in the three file regimen system.
6. SECURITY	#4- The pharmacy has a full physical barricade with a back up pharmacist access only security alarm system. The pharmacy has three wall sensors & the access door/service window have hardware contacts.
7. LIBRARY	#5- OK
8. CLEANLINESS	#6- RPharmacist only have Key/code control. A relief pharmacist key is secured in a "gold Box" which is obtained by RPhonly.
9. REFRIGERATION	#7- The Law Book is current through March 1995 as regimen with updates.
10. ACCOUNTABILITY	
11. IMPROPER DISPENSING	
12. INSUFFICIENT SUPERVISION	
13. INVENTORY RECORDS	
14. DRUG DESTRUCTION	
15. ILLEGAL SALES	
16. ILLEGAL PURCHASES	
17. SAMPLES	
18. NON-REG COMPOUNDING	
19. Rx BLANKS	
20. IMPROPER Rx'S	
21. OUT DATED DRUGS	
22. DRUG LABELS	
23. Rx INFORMATION	
24. OTC/SYRINGES	
25. GENERIC MFG.	
26. Rx FILES	
27. Rx COPIES	
28. Rx INT/DATE	
29. DEA INVENTORY	
30. PHONED SCH II Rx	
31. REFILLS - 6 MO/5X	
32. REFILLS - INT/DATE	
33. REFILLS - U A	
34. EMERGENCY KIT	
35. CONTINGENCY KIT	
36. NON-REG. DISPENSING	

PINK SHEET ISSUED (circle one) YES NO DATE

PERSON IN CHARGE: Rick Jeren, RAH DATE: 1-10-96 INSPECTOR: Parhich

PHA 0610 (REV. 01/93) White - Office Copy Yellow - Inspector Copy Green - Distributor Copy Pink - Individual Copy

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY, 77 S. HIGH ST., 17TH FLOOR, COLUMBUS, OHIO 43266-0320 - (614)466-4143

DDD#: 02-673750
NAME:
R.P.:
ADD:

Pg. 2

CNTY:

PHONE		TIME IN	A.M.	TIME OUT	A.M.
TYPE		FED. #		EXP. DATE	P.M.
HOURS OPEN	(DAILY)	(SAT.)	(SUN. & HOLIDAYS)		
RESPONSIBLE PERSON:	TITLE				

PERSONNEL	TITLE/I.D. NO.	PERSONNEL	TITLE/I.D. NO.

1. LICENSES	#8-OK	#9-OK - All products current
2. I.D. CARDS		
3. RECORD SYSTEM	#	
4. BARRICADE		
5. MIN. STANDARDS		
6. SECURITY		
7. LIBRARY		
8. CLEANLINESS		
9. REFRIGERATION		
10. ACCOUNTABILITY		
11. IMPROPER DISPENSING		
12. INSUFFICIENT SUPERVISION		
13. INVENTORY RECORDS		
14. DRUG DESTRUCTION		
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33. REFILLS - U A		
34. EMERGENCY KIT		
35. CONTINGENCY KIT		
36. NON-REG. DISPENSING		

Case # 95-2085 > Complainant Betty Yerick
829 Lafayette Hills Oh
Patient advised OSBP Executive Director Frank Wickham RPH MS that she did not receive the medication prescribed for her. The original prescription was pulled from file and it was a telephone RX. The dispensing RPH (Jeff Mymo) recorded the RX as Tagamet 800 TABS #35 with (6) refills. He recorded the information as prescribed by DR. Kuzar with his medical Agent Barb. The prescription had a separate note by the dispensing RPH attached which noted: "This lady had an RX called in from her M.D. for Tagamet. It was called in TAGAMET 800 TAD #35, she called & SAID she gets the 300 & we made a mistake, I took the call & I remember her specifically SAYING 800. She SAID (the patient) she wasn't coming back because of it."

PINK SHEET ISSUED (circle one) YES NO DATE

PERSON IN CHARGE: Rick Jelen, RPH DATE: 1-10-96 INSPECTOR: Paul Hill

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY, 77 S. HIGH ST., 17TH FLOOR, COLUMBUS, OHIO 43266-0320 - (614)466-4143

DDD#: 02-673750
NAME:
R.P.:
ADD:

CNTY:

PHONE
TYPE
HOURS OPEN
RESPONSIBLE PERSON

TIME IN
FED. #
(DAILY)
(SAT.)
(SUN. & HOLIDAYS)
TITLE

A.M. TIME OUT
P.M.
EXP. DATE

pg.3

PERSONNEL	TITLE/I.D. NO.	PERSONNEL	TITLE/I.D. NO.

- 1. LICENSES
- 2. I.D. CARDS
- 3. RECORD SYSTEM
- 4. BARRICADE
- 5. MIN. STANDARDS
- 6. SECURITY
- 7. LIBRARY
- 8. CLEANLINESS
- 9. REFRIGERATION
- 10. ACCOUNTABILITY
- 11. IMPROPER DISPENSING
- 12. INSUFFICIENT SUPERVISION
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- 32. REFILLS - INT/DATE
- 33. REFILLS - U A
- 34. EMERGENCY KIT
- 35. CONTINGENCY KIT
- 36. NON-REG. DISPENSING

Based on the recorded information by RPH Mynus & the actual telephone Rx, it is not possible to determine where the error occurred.

Agent Parikh will contact DR. Kuzar and check on his recorded information. If they have 300 mg noted I will suggest that DR. Kuzar consider allowing the patient split the 800 mg tablet & taking 400 mg versus the 300 mg.

Reprinted RPH form for - ORIGINAL Rx - Betty Yernik
Patient profile - " "

#14-Completed on this date See attached-41

DEA - Biennial inventory - 5-19-95 Close of Business

PINK SHEET ISSUED (circle one) YES NO DATE

x R. B. Jones, RPH
PERSON IN CHARGE

DATE 1-10-96
Inspector

03BP

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.
-------------------------------	---	-------------

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: (Include Name, Street, City, State and ZIP Code in space provided below).

Grant Eagle Pharmacy
48 Vienna Ave
Niles, Ill 44446

Signature of applicant or authorized agent R. Green
Registrant's DEA Number BG2891693
Registrant's Telephone Number 216-652-2158

02-673750

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE! See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content, (Each Unit)	FOR DEA USE ONLY		
				DISPOSITION	QUANTITY	
					GMS.	MGS.
1 Duragesic 25 mcg/hr Patch System	2	5				
2 Decoral Pediatric Syrup	1	150 mL				
3 Decoral Expectant Syrup	1	473 mL		Destroyed		
4 Decoral Expectant Syrup	1	200 mL		at Site		
5 Decoral Pediatric Syrup	1	473 mL		by hand		
6				Destroy		
7				and process		
8				the Federal		
9				master		
10				index		
11				Perish		
12				03BP		
13				1-10-76		
14						
15						
16						

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, the collection of information, Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Drug Enforcement Administration, Records Management Section, Washington, D.C. 20537; and to the Office of Management and Budget, Paperwork Reduction Project No. 1117-0007, Washington, D.C. 20503.

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (P.L. 91-613).
PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.
ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated.
A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

PRIVACY ACT INFORMATION

1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 5: e.g., morphine sulfate tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 83 tabs., 1/2 gr. (32 mg.), etc.
2. All packages included on a single line should be identical in name, content and controlled substance strength.
3. Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any further inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
5. Drugs should be shipped tape-sealed via prepaid express or certified mail (return receipt requested) to Special Agent in Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

INSTRUCTIONS

•• Strike out lines not applicable.

WITNESSED BY:

DESTROYED BY:

DATE 1-10 1976

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in 5 packages purporting to contain the drugs listed on this inventory and have been: "(1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

[illegible]

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: TERMINAL DISTRIBUTOR			AREA CODE / TELEPHONE NUMBER 330-652-2158		TIME IN 945 <small>A.M.</small>	TIME OUT 1230 <small>P.M.</small>
DDD#: GIANT EAGLE Pharmacy #1405			TYPE RETAIL CHAIN		FED.# BG2891693	
NAME: 48 VIENNA			HOURS OPEN 9-9m-Thi 9-7 SATURDAY 9-5 SUNDAY		EXP. DATE 9-08	
R.P.: NILES, OHIO 44446			FAX NUMBER 330-652-1260		BOARD PHARMACY BOARD	
ADDR: # 02-0673750						
CAT: III			CLASS: 05			
CNTY: TRUMBULL						

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
STEPHANIE A. KROMER	RPh	22461	Resp. Person PHARMACIST		
DENNIS NISBETT	RPh	03-3-14302	ANGELA CHAHINE	RPh	03-1-18789
SANDRA SEIKEL	RPh	03-3-23816	AMY GARDNER	RPh	03-2-26382

1. LICENSING
2. I.D. CARDS
3. RECORDS SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
20. IMPROPER RX'S
21. OUTDATED DRUGS
22. DRUG LABELS
23. RX INFORMATION
24. OTC/SYRINGES
26. RX FILES
27. RX COPIES
28. RX INT/DATE
29. DE INVENTORY
30. PHONED SCHIRX
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

F ☒ **Comp** P ☐

- The State & Federal licenses are current.

- The pharmacy has PDA software with six dispensing computers

- The pharmacy moved into this new pharmacy within the same business store on 2-11-08. (see Barricade Report)

- The pharmacy has 4 motion sensors - Tested this date - & one contact sensor. The State Alarm access pad is activated by the RPh with specific codes for each RPh. A relief RPh code & key is secured in a metal security box with # access to the RPh only. The physical barricade is floor to roof outside walls & one wrap around metal gate secured with 4 pole points in the floor & key lock to a metal wall frame. Gate tested & approved on this date. RPh's advised no problems securing the gate on 2-11-08.

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

Stephanie A. Kromer
SIGNATURE OF PERSON IN CHARGE

2/12/08
DATE

Paulick
SIGNATURE OF INSPECTOR

2-12-08
DATE

PHA-0610 (Rev. 08/07)

COPY

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL

10/17/21

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 02-0673750 pg. 2 NAME: R.P.: ADDR:			AREA CODE / TELEPHONE NUMBER		TIME IN		TIME OUT	
					A.M.		A.M.	
					P.M.		P.M.	
			TYPE		FED.#		EXP. DATE	
CAT: CNTY:			HOURS OPEN					
			FAX NUMBER			EMAIL		
CLASS:								

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING
 2. I.D. CARDS
 3. RECORDS SYSTEM
 4. BARRICADE
 5. MIN. STANDARDS
 6. SECURITY
 7. LIBRARY
 8. CLEANLINESS
 9. REFRIGERATION
 10. ACCOUNTABILITY
 11. IMPROPER DISPENSING
 12. INSUFFICIENT SUPERVISION
 13. INVENTORY RECORDS
 14. DRUG DESTRUCTION
 15. ILLEGAL SALES
 16. ILLEGAL PURCHASES
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 24. OTC/SYRINGES
 26. RX FILES
 27. RX COPIES
 28. RX INT/DATE
 29. DE INVENTORY
 30. PHONED SCHIRX
 31. REFILLS-6MO/5X
 32. REFILLS-INT/DATE
 33. REFILLS-UA
 37. COUNSELING
 38. PSE SALES
 39. OARRS
 40. CONFIDENTIALITY
- F ☐ P ☐

- The Ohio Drug Law Book is current June 2007.

- The pharmacy has one refrigerant specific for pharmacy only medications & it is located within the barricade.

- C-II drugs are secured in three metal cabinets with key lock by RPh. The C-II drugs are documented in a Perpetual log - (well maintained as viewed on this date) Only the RPh counts & documents in the log C-II dispensing & invoice receipt of C-II drugs. The DEA 222 forms are attached to McKesson Invoice as receipted - The RPh signs & initials the receipted 222 forms as received & completed on a specific written date.

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE **WITHIN 20 DAYS** FROM DATE ISSUED.

Stephanie A. Komer 2/12/08
SIGNATURE OF PERSON IN CHARGE DATE

[Signature] 2-12-08
SIGNATURE OF INSPECTOR DATE

PHA-0610 (Rev. 08/07)
COPY

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 02-0673150 pg.3 NAME: R.P.: ADDR:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">AREA CODE / TELEPHONE NUMBER</td> <td style="width: 10%;">TIME IN</td> <td style="width: 10%;">A.M.</td> <td style="width: 10%;">TIME OUT</td> <td style="width: 10%;">A.M.</td> </tr> <tr> <td></td> <td></td> <td>P.M.</td> <td></td> <td>P.M.</td> </tr> <tr> <td colspan="2">TYPE</td> <td colspan="2">FED.#</td> <td>EXP. DATE</td> </tr> <tr> <td colspan="5">HOURS OPEN</td> </tr> <tr> <td colspan="2">FAX NUMBER</td> <td colspan="3">EMAIL</td> </tr> </table>	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.			P.M.		P.M.	TYPE		FED.#		EXP. DATE	HOURS OPEN					FAX NUMBER		EMAIL		
AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.																						
		P.M.		P.M.																						
TYPE		FED.#		EXP. DATE																						
HOURS OPEN																										
FAX NUMBER		EMAIL																								
CAT: CNTY:	CLASS:																									

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

<ol style="list-style-type: none"> 1. LICENSING 2. I.D.CARDS 3. RECORDSYSTEM 4. BARRICADE 5. MIN.STANDARDS 6. SECURITY 7. LIBRARY 8. CLEANLINESS 9. REFRIGERATION 10. ACCOUNTABILITY 11. IMPROPERDISPENSING 12. INSUFFICIENTSUPERVISION 13. INVENTORYRECORDS 14. DRUGDESTRUCTION 15. ILLEGALSALLES 16. ILLEGALPURCHASES 17. SAMPLES 20. IMPROPERRx'S 21. OUTDATEDDRUGS 22. DRUGLABELS 23. RxINFORMATION 24. OTC/SYRINGES 26. RxFILES 27. RxCOPIES 28. RxINT/DATE 29. DEAINVENTORY 30. PHONEDSCHIIRx 31. REFILLS-6MO/5X 32. REFILLS-INT/DATE 33. REFILLS-UA 37. COUNSELING 38. PSE SALES 39. OARRS 40. CONFIDENTIALITY 	<p><i>The DEA 222 forms are filed by date order w/ initials in a separate file cabinet from C-II stock.</i></p> <p><i>Blank 222 forms are well maintained & in use order.</i></p> <p><i>OT dates - via Capital Returns</i></p> <p><i>The Biennial Inventory was completed on 5-1-07 as an opening of Business</i></p> <p><i>Daily log reports are RPH signature reviewed.</i></p> <p><i>Original prescriptions are filed in Call folders.</i></p> <p><i>The insurance/counseling log maintains confidential accountability w/ Rx & date only signature.</i></p> <p><i>The maintains an one log of partial dispensing.</i></p> <p><i>RPH's document a ✓ on the original prescriptions as their check station dispensing with name initials noted</i></p>
---	---

☐ PINK SHEET ISSUED FOR NUMBER(S): _____ *noted*

IF BOX IS CHECKED, **THE DISTRIBUTOR** SHALL CORRECT ITEM(S) INDICATED AND **RETURN THE PINK COPY**, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE **WITHIN 20 DAYS** FROM DATE ISSUED.

 SIGNATURE OF PERSON IN CHARGE	2/12/08 DATE	 SIGNATURE OF INSPECTOR	2-12-08 DATE
--	------------------------	---	------------------------

PHA-0610 (Rev. 08/07)
COPY

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL

1

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:	Pg. 4	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.	
DDD#:				P.M.		P.M.	
NAME:		02-0673750	TYPE	FED.#	EXP. DATE		
R.P.:			HOURS OPEN				
ADDR:			FAX NUMBER EMAIL				
CAT:	CLASS:						
CNTY:							

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING	<i>Allergies are stamp noted on original Rx</i>
2. I.D.CARDS	
3. RECORDSYSTEM	
4. BARRICADE	
5. MIN.STANDARDS	
6. SECURITY	
7. LIBRARY	
8. CLEANLINESS	
9. REFRIGERATION	
10. ACCOUNTABILITY	
11. IMPROPERDISPENSING	
12. INSUFFICIENTSUPERVISION	
13. INVENTORYRECORDS	
14. DRUGDESTRUCTION	
15. ILLEGALSALES	
16. ILLEGALPURCHASES	
17. SAMPLES	
20. IMPROPERRx'S	
21. OUTDATEDDRUGS	
22. DRUGLABELS	
23. RxINFORMATION	
24. OTC/SYRINGES	
26. RxFILES	
27. RxCOPIES	
28. RxINT/DATE	
29. DEAINVENTORY	
30. PHONEDSCHIIRx	
31. REFILLS-6MO/5X	
32. REFILLS-INT/DATE	
33. REFILLS-UA	
37. COUNSELING	
38. PSE SALES	
39. OARRS	
40. CONFIDENTIALITY	
F <input type="checkbox"/>	
P <input type="checkbox"/>	

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

IF BOX IS CHECKED, **THE DISTRIBUTOR** SHALL CORRECT ITEM(S) INDICATED AND **RETURN THE PINK COPY**, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE **WITHIN 20 DAYS** FROM DATE ISSUED.

<i>Stephanie O. Korman</i>	<i>2/12/08</i>	<i>Paul</i>	<i>2-12-08</i>
SIGNATURE OF PERSON IN CHARGE	DATE	SIGNATURE OF INSPECTOR	DATE

PHA-0610 (Rev. 08/07) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY GREEN - DISTRIBUTOR COPY PINK - INDIVIDUAL COPY

2

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

Approved Paulich

DATE: 2-12-2008	T.D.D.D. #: 02-0673750
BOARD AGENT: G. PAULICH	D.E.A. #: BG 2891693 <i>expires 9-2008</i>

YES NO (CHECK ONE)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- ☒ ☐ Key in sealed envelope in safe. *METAL Box with * CODE ACCESS for relief RPh*
- ☒ ☐ All items requiring R.Ph. supervision are inside barricade. *other than sealed records in ceiling ATTIC of STORE.*
- ☒ ☐ Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- ☐ ☐ Minimum of seven (7) feet in height.
- ☒ ☐ Fully enclosed. *Floor to Roof physical walls with one metal wrap around gate with four pole lock concealed in the floor & key lock secured to wall*
- ☒ ☐ Suitable locks are provided.
- ☒ ☐ Prescription department cannot be entered when locked without obvious damage to barricade.
- ☒ ☐ No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

ELECTRONICS:

- ☐ ☐ This is a company-owned system.
If no, leased from who? STATE ALARM
- ☒ ☐ This is a ☐ HARDWIRE / ☐ WIRELESS / ☒ BOTH system. (check one) *4 motion sensors w/ 1 HARDWIRE CONTACT PLATE AT the gate*
- ☒ ☐ There is a functional emergency "hold up" button. *on pad behind*
- ☒ ☐ System is in operation at all times when R.Ph. is not present.
- ☒ ☐ Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?
Alarm Co., Niles P.D., Resp. Person RPh, STAFF Pharmacist
- ☒ ☐ Only pharmacists possess access code to prescription room.
- ☒ ☐ System was tested this date. Date system was last tested? 2-12-2008
- ☐ ☒ Slot is provided for drop-in prescriptions.
- ☒ ☐ Suitable notice of operating hours to public is posted.
- ☒ ☐ Notice of emergency service is posted.

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:

I have been informed of and understand the following requirements:

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.

Sanchez Seikel RPh

(Signature of R.Ph./Owner)

2-12-08

(Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:

Paulick

(Signature of Board Agent)

(Title)

Comments:

07-29-02 A09:14 RCVD

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

STATE BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - PHONE 614/466-4143; FAX 614/752-4836

TYPE: **02-0673750F**
 DDD#: **02-0673750F**
 NAME: **GIANT EAGLE PHARMACY #1405**
 R.P.: **48 VIENNA AVE.**
 ADDR: **NILES, OHIO 44446**

PHONE (INCLUDE AREA CODE) **330-652-2158**
 TIME IN **100** A.M. **330** P.M.
 TYPE **CHAIN** FED.# **BG-2891693** EXP. DATE **9-02**
 HOURS OPEN **9-9** (DAILY) **MON-SAT** (SAT.) **9-6** (SUN. & HOLIDAYS)
 RESPONSIBLE PERSON **TODD M. TUTTLE RPH** TITLE/I.D. NO. **03-3-19833** INIT. USED

CAT: **III** CLASS: **05**
 CNTY: **TRUMBULL** **03-3-24101**

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
KIM HEATH RPH					
KRISTEN LEE JANSEN		RPH 19040	FULL INSPECTION -		
SANDRA RESTAINO		RPH 23816	NEW PHARMACY - MOVED FROM		
PENNY SPOLLO		RPH	WITHIN THE SAME BUILDING		

1. LICENSING
2. I.D. CARDS
3. RECORDS SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
18. NON-REG COMPOUNDING
19. RX BLANKS
20. IMPROPER RX'S
21. OUTDATED DRUGS
22. DRUG LABELS
23. RX INFORMATION
24. OTC/SYRINGES
25. GENERIC MFG.
26. RX FILES
27. RX COPIES
28. RX INT/DATE
29. DE INVENTORY
30. PHONEDSCHIIRX
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

- STATE & FEDERAL LICENSES ARE CURRENT

- ID CARD IS CURRENT

- THE PHARMACY HAS TWO COMPUTER-DISPENSING COMPUTER STATIONS WITH A THIRD TO BE ADDED, PDX SOFTWARE.

THE PHARMACY EFFECTIVE SUNDAY NIGHT - 7-21-02 NOW HAS ALL PHARMACY PROFILE RECORDS FROM PHARMOR #1 5985 MINES RD, NILES, OHIO 44446 330-399-1662.

CURRENTLY ONLY THE ORIGINAL HAAD FILE PRESCRIPTIONS 2 YRS REVIEW & THE ELECTRONIC-COMPUTER PROFILE 1998 CAN BE PULLED FROM THIS LOCATION. THE STOCK INVENTORY OF LEGEND & CONTROLLED FROM PHARMOR WILL BE PROPERLY PAPER TRANSFERRED AS DISCUSSED WITH THIS AGENT. KEYS TO THE PHARMOR DRUG STOCK IS SECURED WITH R. PHARMACIST ONLY CONTROL ACCESS. MAINTAIN ALL INVENTORY TRANSFER RECORDS AS YOUR TOTAL STOCK ACCOUNTABILITY STANDARD FOR THE OSBP

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY TO THE STATE BOARD OF PHARMACY WITHIN 20 DAYS FROM DATE ISSUED WITH EXPLANATION OF CORRECTIVE ACTION TAKEN NOTED ON THE REVERSE SIDE.

Sandra Restaino
 PERSON IN CHARGE

7-22-02
 DATE SIGNED

Paulch
 INSPECTOR

PHA-0610 (Rev. 06/01)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

STATE BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - PHONE 614/466-4143; FAX 614/752-4836



TYPE: DDD#: 02-0673750 NAME: R.P.: ADDR:	Pg.2	PHONE (INCLUDE AREA CODE)	TIME IN	A.M.	TIME OUT	A.M.
				P.M.		P.M.
		TYPE	FED.#	EXP. DATE		
		HOURS OPEN			(DAILY)	(SAT.)
CAT: CNTY:	CLASS:	RESPONSIBLE PERSON		TITLE/I.D. NO.		INIT. USED

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING	<p>under 4729-5-28 OAC.</p> <p>- NEW Physical & Electronic BARRICADE → INSPECTED ON THIS DATE. Completed the BARRICADE INSPECTION Form - PHA-0611 See Attached.</p> <p>- The physical BARRICADE has WALL STRUCTURE from Floor to Ceiling. The pharmacy has ONE CRANK-DOWN METAL CURTAIN that is RPH SECURED within the pharmacy. The check-out & access door ARE SECURED by a RPH AT the END of the DAY by A WRAP AROUND METAL grate. The grate is floor post SECURED (3 posts) & Key Locked by the RPH INTO the WALL FRAME. ONLY RPH'S have Key Access with A RELIEF RPH Key SECURED in A RPH SECURED "GOLD Box". The pharmacy Also has A STAND-ALONE ALARM SECURITY system with TWO HARD WIRE</p>
2. I.D.CARDS	
3. RECORDSYSTEM	
4. BARRICADE	
5. MIN.STANDARDS	
6. SECURITY	
7. LIBRARY	
8. CLEANLINESS	
9. REFRIGERATION	
10. ACCOUNTABILITY	
11. IMPROPERDISPENSING	
12. INSUFFICIENTSUPERVISION	
13. INVENTORYRECORDS	
14. DRUGDESTRUCTION	
15. ILLEGALSALES	
16. ILLEGALPURCHASES	
17. SAMPLES	
18. NON-REGCOMPOUNDING	
19. RxBLANKS	
20. IMPROPERRx'S	
21. OUTDATEDDRUGS	
22. DRUGLABELS	
23. RxINFORMATION	
24. OTC/SYRINGES	
25. GENERICMFG.	
26. RxFILES	
27. RxCOPIES	
28. RxINT/DATE	
29. DEAINVENTORY	
30. PHONEDSCHIIRx	
31. REFILLS-6MO/5X	
32. REFILLS-INT/DATE	
33. REFILLS-UA	
34. EMERGENCYKIT	
35. CONTINGENCYKIT	
36. NON-REGDISPENSING	
37. COUNSELING	

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY TO THE STATE BOARD OF PHARMACY WITHIN 20 DAYS FROM DATE ISSUED WITH EXPLANATION OF CORRECTIVE ACTION TAKEN NOTED ON THE REVERSE SIDE.

	7-22-02	
PERSON IN CHARGE	DATE SIGNED	INSPECTOR
PHA-0610 (Rev. 06/01)	WHITE - OFFICE COPY	YELLOW - INSPECTOR COPY
	GREEN - DISTRIBUTOR COPY	PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

STATE BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - PHONE 614/466-4143; FAX 614/752-4836

TYPE: pg3-
DDD#: 02-0673750
NAME:
R.P.:
ADDR:

PHONE (INCLUDE AREA CODE)
TIME IN A.M. P.M. TIME OUT A.M. P.M.

TYPE FED.# EXP. DATE

HOURS OPEN (DAILY) (SAT.) (SUN. & HOLIDAYS)

RESPONSIBLE PERSON TITLE/I.D. NO. INIT. USED

CAT: CLASS:
CNTY:

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

- 1. LICENSING
- 2. I.D.CARDS
- 3. RECORDSYSTEM
- 4. BARRICADE
- 5. MIN.STANDARDS
- 6. SECURITY
- 7. LIBRARY
- 8. CLEANLINESS
- 9. REFRIGERATION
- 10. ACCOUNTABILITY
- 11. IMPROPERDISPENSING
- 12. INSUFFICIENTSUPERVISION
- 13. INVENTORYRECORDS
- 14. DRUGDESTRUCTION
- 15. ILLEGALSALES
- 16. ILLEGALPURCHASES
- 17. SAMPLES
- 18. NON-REGCOMPOUNDING
- 19. RxBLANKS
- 20. IMPROPERRX'S
- 21. OUTDATEDDRUGS
- 22. DRUGLABELS
- 23. RxINFORMATION
- 24. OTC/SYRINGES
- 25. GENERICMFG.
- 26. RxFILES
- 27. RxCOPIES
- 28. RxINT/DATE
- 29. DEAINVENTORY
- 30. PHONEDSCHIIRx
- 31. REFILLS-6MO/5X
- 32. REFILLS-INT/DATE
- 33. REFILLS-UA
- 34. EMERGENCYKIT
- 35. CONTINGENCYKIT
- 36. NON-REGDISPENSING
- 37. COUNSELING

SENSORS AND three wall mounted wireless SENSORS, RPH Code Access To the ALARM system.
- ALL RECORDS ARE SECURED within the pharmacy or within A RPH CONTROLLED, RECORDS only, Access cage within this building.
- The pharmacy CURRENTLY has patient profiles from the Phor Mor PDX system within their Dispensing system window access computer HARD DRIVE. Upon request for A TRANSFER, or NEW Dispensing, the RPH will TRANSFER that RX or create a NEW RX# within the Grint Eagle PDX software for that specific drug & patient. The NEW patient RX & software profile are then MAINTAINED AS NORMAL within Grint Systems.
- THE pharmacy MAINTAINS A C-II PERPETUAL inventory

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY TO THE STATE BOARD OF PHARMACY WITHIN 20 DAYS FROM DATE ISSUED WITH EXPLANATION OF CORRECTIVE ACTION TAKEN NOTED ON THE REVERSE SIDE.

PERSON IN CHARGE: Sandra Restaino DATE SIGNED: 7-22-02 INSPECTOR: Paulie

PHA-0610 (Rev. 06/01) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY GREEN - DISTRIBUTOR COPY PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

STATE BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - PHONE 614/466-4143; FAX 614/752-4836

TYPE: DDD#: 02-0673750 NAME: R.P.: ADDR:	PHONE (INCLUDE AREA CODE) TIME IN A.M. P.M. TIME OUT A.M. P.M. TYPE FED.# EXP. DATE HOURS OPEN (DAILY) (SAT.) (SUN. & HOLIDAYS) RESPONSIBLE PERSON TITLE/I.D. NO. INIT. USED
CAT: CNTY:	CLASS:

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
Wholesaler — McKesson Co. NEWCASTLE, PA.					

- 1. LICENSING
- 2. I.D.CARDS
- 3. RECORDSYSTEM
- 4. BARRICADE
- 5. MIN.STANDARDS
- 6. SECURITY
- 7. LIBRARY
- 8. CLEANLINESS
- 9. REFRIGERATION
- 10. ACCOUNTABILITY
- 11. IMPROPERDISPENSING
- 12. INSUFFICIENTSUPERVISION
- 13. INVENTORYRECORDS
- 14. DRUGDESTRUCTION
- 15. ILLEGALSALES
- 16. ILLEGALPURCHASES
- 17. SAMPLES
- 18. NON-REGCOMPOUNDING
- 19. RxBLANKS
- 20. IMPROPERRx'S
- 21. OUTDATEDDRUGS
- 22. DRUGLABELS
- 23. RxINFORMATION
- 24. OTC/SYRINGES
- 25. GENERICMFG.
- 26. RxFILES
- 27. RxCOPIES
- 28. RxINT/DATE
- 29. DEAINVENTORY
- 30. PHONEDSCHIIRx
- 31. REFILLS-6MO/5X
- 32. REFILLS-INT/DATE
- 33. REFILLS-UA
- 34. EMERGENCYKIT
- 35. CONTINGENCYKIT
- 36. NON-REGDISPENSING
- 37. COUNSELING

of ALL Accountable NARCOTIC STOCK.

- Outdates are disposed of via Capitol Returns.

The perpetual log is RPh controlled & well maintained.

Spot inventory checks & balance are clearly noted.

The log notes disp. date, Rx#, disp qty, qty remaining, and RPh initials.

- Reviewed the original Rx files - A three series Legend, C-III-V, CII system is used.

- NOTE - The manually written address of the patient is NOT required to be written on the face of the Rx (Your computer affixed label has this information already noted once it is affixed)

- RPh's are properly dispensing CNP prescriptions as indicated in the format of Rx's reviewed with affixed labels.

- The RPh's are properly noting the Telephone format.

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY TO THE STATE BOARD OF PHARMACY WITHIN 20 DAYS FROM DATE ISSUED WITH EXPLANATION OF CORRECTIVE ACTION TAKEN NOTED ON THE REVERSE SIDE.

Andrea Restaino
PERSON IN CHARGE
7-22-02
DATE SIGNED
Paulick
INSPECTOR

PHA-0610 (Rev. 06/01) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY GREEN - DISTRIBUTOR COPY PINK - INDIVIDUAL COPY

, *

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

STATE BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - PHONE 614/466-4143; FAX 614/752-4836

TYPE: DDD#: Pg. 5 NAME: R.P.: 02-0673750 ADDR:	PHONE (INCLUDE AREA CODE)	TIME IN	A.M. P.M.	TIME OUT	A.M. P.M.
	TYPE	FED.#	EXP. DATE		
	HOURS OPEN	(DAILY)	(SAT.)	(SUN. & HOLIDAYS)	
CAT: CNTY:	CLASS:	RESPONSIBLE PERSON	TITLE/I.D. NO.	INIT. USED	

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.



- 1. LICENSING
- 2. I.D.CARDS
- 3. RECORDSYSTEM
- 4. BARRICADE
- 5. MIN.STANDARDS
- 6. SECURITY
- 7. LIBRARY
- 8. CLEANLINESS
- 9. REFRIGERATION
- 10. ACCOUNTABILITY
- 11. IMPROPERDISPENSING
- 12. INSUFFICIENTSUPERVISION
- 13. INVENTORYRECORDS
- 14. DRUGDESTRUCTION
- 15. ILLEGALSALES
- 16. ILLEGALPURCHASES
- 17. SAMPLES
- 18. NON-REGCOMPOUNDING
- 19. RxBLANKS
- 20. IMPROPERRx'S
- 21. OUTDATEDDRUGS
- 22. DRUGLABELS
- 23. RxINFORMATION
- 24. OTC/SYRINGES
- 25. GENERICMFG.
- 26. RxFILES
- 27. RxCOPIES
- 28. RxINT/DATE
- 29. DEAINVENTORY
- 30. PHONEDSCHIIRx
- 31. REFILLS-6MO/5X
- 32. REFILLS-INT/DATE
- 33. REFILLS-UA
- 34. EMERGENCYKIT
- 35. CONTINGENCYKIT
- 36. NON-REGDISPENSING
- 37. COUNSELING

The pharmacy weekly NEW/REFILL TOTAL previously to the Taken-over of the Phax-Mox files WAS 1600 to 1700 prescription Dispensing.

Reviewed the Pharmacy standard for Counseling PATIENTS on Dispensed medication & documentation within their signature sheets.

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY TO THE STATE BOARD OF PHARMACY WITHIN 20 DAYS FROM DATE ISSUED WITH EXPLANATION OF CORRECTIVE ACTION TAKEN NOTED ON THE REVERSE SIDE.

	7-22-02	
PERSON IN CHARGE	DATE SIGNED	INSPECTOR

PHA-0610 (Rev. 06/01) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY GREEN - DISTRIBUTOR COPY PINK - INDIVIDUAL COPY

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE. 7-22-02	T.D.D.D. #: 02-0673750
BOARD AGENT: Paulch	D.E.A. #: BG 289/693

YES NO (CHECK ONE)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- ☒ ☐ Key in sealed ~~envelope~~ in safe. **with only RPh Key access**
- ☒ ☐ All items requiring R.Ph. supervision are inside barricade.
- ☒ ☐ Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- ☐ ☐ Minimum of seven (7) feet in height.
- ☒ ☐ Fully enclosed.
- ☒ ☐ Suitable locks are provided.
- ☒ ☐ Prescription department cannot be entered when locked without obvious damage to barricade.
- ☒ ☐ No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

ELECTRONICS:

- ☐ ☐ This is a company-owned system.
If no, leased from who? **STATE ALARM**
- ☒ ☐ This is a ☐ HARDWIRE / ☐ WIRELESS / ☒ BOTH system. (check one)
- ☒ ☐ There is a functional emergency "hold up" button.
- ☒ ☐ System is in operation at all times when R.Ph. is not present.
- ☒ ☐ Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?
Alarm Company & Local P.D. - RPh notification
- ☒ ☐ Only pharmacists possess access code to prescription room.
- ☒ ☐ System was tested this date. Date system was last tested? **7-22-02**
- ☒ ☐ Slot is provided for drop-in prescriptions.
- ☒ ☐ Suitable notice of operating hours to public is posted.
- ☒ ☐ Notice of emergency service is posted.

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:

I have been informed of and understand the following requirements:

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.

Sandra Restano
(Signature of R.Ph./Owner)

7/22/02 3:20 PM
(Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:

Paul
(Signature of Board Agent)

7-22-02

Agd
(Title)

Comments:

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY, 77 S. HIGH ST., 17TH FLOOR, COLUMBUS, OHIO 43266-0320 - (614)466-4143

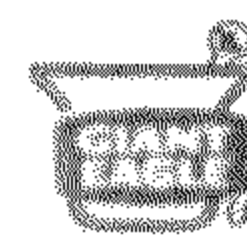
TERMINAL DISTR-RETAIL PHARM
 DDD#: 02-673750 (N)
 NAME: GIANT EAGLE PHARMACY
 R.P.: ~~RICHARD A. GRAY~~, RPH
 48 VIENNA AVENUE
 ADD.: NILES, OH 44446
 CATEGORY III CLASS 05

PHONE 216 652/2616 TIME IN 10:30 P.M. TIME OUT 12:30 P.M. A.M.
 TYPE 05 FED.# BG 2891693 exp-9-94
 HOURS OPEN 9-9 (DAILY) (SUN. & HOLIDAYS) 9-6
 RESPONSIBLE PERSON BRENT J. SWIPAS 18335 R.Ph. TITLE

CNTY: TRUMBULL CO. (78) -GP 9-5-91

PERSONNEL	TITLE / I.D. NO.	PERSONNEL	TITLE / I.D. NO.
Edward Louis Ting	R.Ph. 18308		
Carmie Witaker	pharm. tech.		

DEC 3 1991

**PHARMACY**

48 VIENNA AVENUE

652-2158

NILES, OH 44446

CAUTION: Federal law prohibits transfer of this drug to any person other than patient for whom prescribed.

1. LICENSES
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
18. NON-REG COMPOUNDING
19. Rx BLANKS
20. IMPROPER Rx'S
21. OUT DATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC / SYRINGES
25. GENERIC MFG
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED SCH II Rx
31. REFILLS - 6 MO/5X
32. REFILLS - INT/DATE
33. REFILLS - U A
34. EMERGENCY KIT
35. P.R.N. KIT

Filed by
DEC 09 1991

DATE

INITIALS

#1- New TDD # licensed & issued to Richard A. Gray 9-24-91

On this date the new-Terminal Dist. license was issued to the pharmacy. The new Resp Person R.Ph. Swipos shall sign & post it within the pharmacy.

#2- Current

#3- IBM Hardware with PDX software on line to Pittsburg Pa. (main Hq) All records are contained in house. The pharmacy maintains a three file hardcopy system

#4- Complete physical barricade with a separate controlled alarm system by State Alarm.

#5- OK

#6- Three Keys for the pharmacy. Two Keys with each of the above R.Ph. Pharmacist & one Key secured in pharmacy safe & within a Gold box.

com 11/91 Com
SMT
12/4/91

Edward L. Ting DATE 11-26-91
 PERSON IN CHARGE

Parlick OSBP
 INSPECTOR

PHA 0610 (REV. 12/88) White - Office Copy Yellow - Inspector Copy Pink - Individual Copy Green - Distributor Copy

Highly Confidential Subject to Protective Order

BOP_MD L2799937

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY, 77 S. HIGH ST., 17TH FLOOR, COLUMBUS, OHIO 43266-0320 - (614)466-4143

DDD#: 02-673750

NAME:

R.P.:

ADD.:

pg. 2

PHONE

TIME
IN

A.M.

TIME
OUT

A.M.

P.M.

P.M.

TYPE

FED.#

HOURS
OPEN

(DAILY)

(SUN. & HOLIDAYS)

RESPONSIBLE
PERSON

TITLE

CNTY:

PERSONNEL

TITLE / I.D. NO.

PERSONNEL

TITLE / I.D. NO.

DEC 3 1991

1. LICENSES
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
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31. REFILLS - 6 MO/5X
32. REFILLS - INT/DATE
33. REFILLS - U A
34. EMERGENCY KIT
35. P.R.N. KIT

#7-Current

Rx Daily - 75 new/refill

#8-New pharmacy

#9-OK

#10 - The pharmacy has been in operation since Oct. 8, 1991. The stock currently is a new/purchased from Fof Meyer as Primary supplier w/ Secondary Supplier Harris. All schedule II drugs received from Harris Wholesale.

#24 - Controlled & regulated by R Pharmacist
List of Exempt abuses List by this Agent in Book.

#23 - The prescriptions have computer labels affixed for the dispensing of all drugs. the label properly identifies the dispensed drug, mfg. & all request is 5-30

#28 - Properly identified w/ manual initials

Edward J. Tivy

DATE 11-26-91

Patrick OSBP

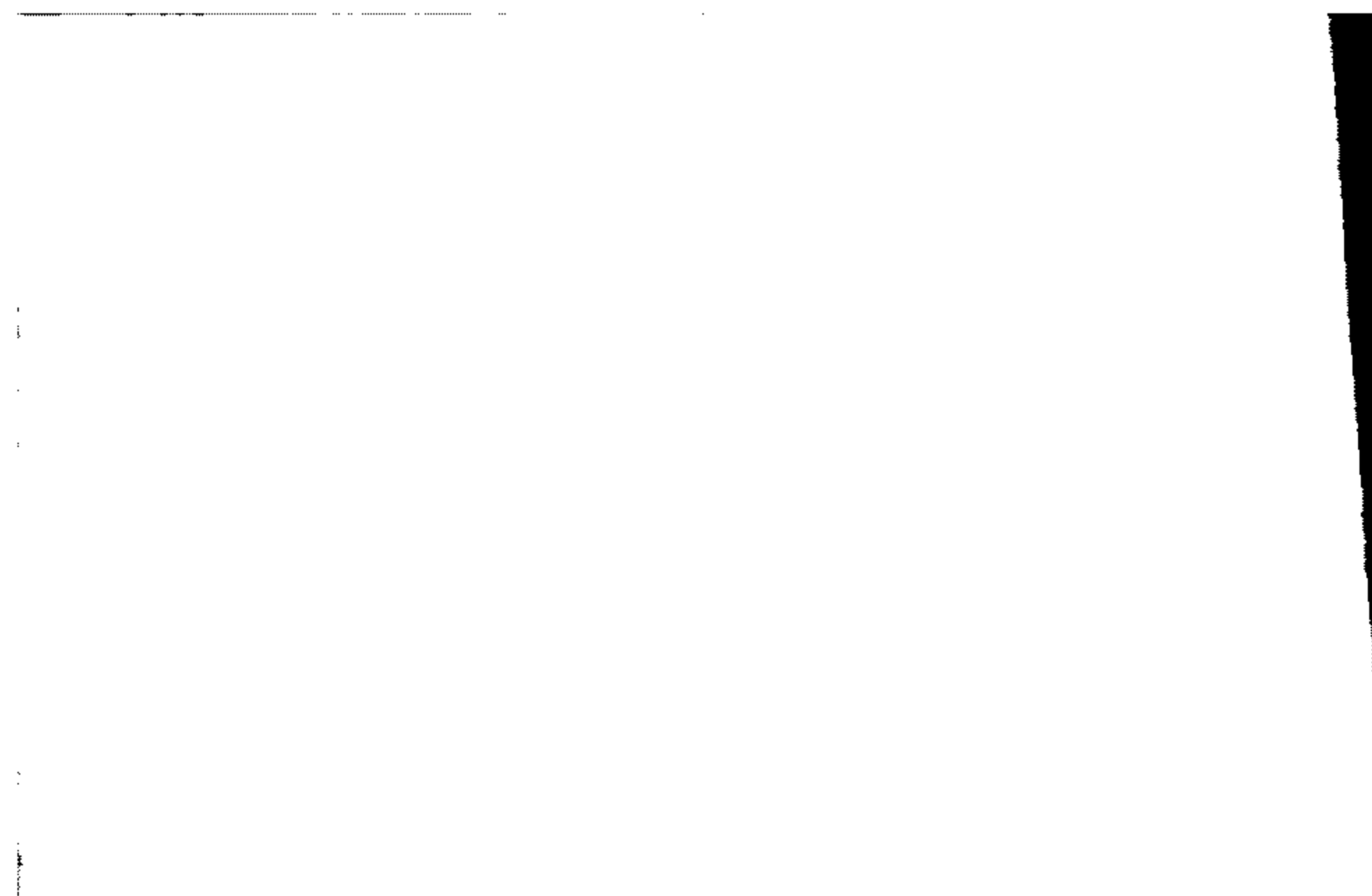
PERSON IN CHARGE

INSPECTOR

PHA 0610 (REV. 12/88) White - Office Copy Yellow - Inspector Copy Pink - Individual Copy Green - Distributor Copy

GAVE OUT # 02-673750
TO: Giant Eagle

ON: 9-23-91



OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

DATE 11-26-91
AGENT Paulick

T.D.D.D. NO. 02-673750
D.E.A. NO. B6 2891693

RULE 4729-9-11 REQUIREMENTS

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

Control of two R. Pharmacists (Ting & Swipes) & secured extra in pharmacy

CHECK ONE:

YES	NO
X	
X	
X	
X	
X	
X	
X	
X	
X	
X	
X	
	X

Key in sealed envelope in safe.

All items requiring R.Ph. supervision are inside barricade.

Prescription department may not be entered when barricade is in use.

(A) Physical Barricade:

(1) Minimum of seven (7) feet in height.

(2) Fully enclosed.

(3) Suitable locks are provided.

(4) Prescription department cannot be entered when locked without obvious damage to barricade.

(5) No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

(B) Electronics:

(1) This is a company-owned system.
If no, leased from whom? STATE BOARD

(2) This is a [circle one] hardwire/wireless/both system.

(3) There is a functional emergency "hold up" button. on Code Box

(4) System is in operation at all times when R.Ph. is not present.

(5) Items in prescription room may not be removed when system is operating without activating the alarm.
Where does alarm sound or who does it alert? STATE BOARD

(6) Only R.Ph.s possess access code to prescription room.

(7) System was tested this date.

When was system last tested? (Date) OCT. 8, 1991

PHA-0611 (Rev. 01/90)

(CONTINUED ON REVERSE)

- 2 -

CHECK ONE:

YES	NO
	X
X	
X	

Slot is provided for drop-in prescriptions.

Suitable notice of operating hours to public is posted.

Notice of emergency service is posted.

I, EDWARD L. TING, R.Ph./Owner, have been informed of and understand the following requirements:

- (1) No prescription item may be sold when the prescription department is closed.
- (2) No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
- (3) No prescription may be left outside the barricade for customer pick-up.
- (4) No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
- (5) No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Rules 4729-17-03 and 4729-17-07 of the Ohio Administrative Code.
- (6) Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
- (7) All dangerous drugs are to be stored within a barricaded area.

Edward L. Ting R.Ph.
(Signature of R.Ph./Owner)

11-26-91 11:20 A.M.
(Date/Time)

I, Parlich, COMPLIANCE AGENT, FIND THIS BARRICADE TO COMPLY WITH ALL REQUIREMENTS OF RULE 4729-9-11 OF THE OHIO ADMINISTRATIVE CODE.

COMMENTS:

(PLACE STORE STICKER HERE)

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY, 77 S. HIGH ST., 17TH FLOOR, COLUMBUS, OHIO 43266-0320 - (614)466-4143

TERM DISTR	RETAIL PHCY	PHONE	TIME IN	A.M.	TIME OUT
DDD#: 02-825300	(NEW)				
NAME: GIANT EAGLE PHARMACY		TYPE	FED. #	EXP. DATE	
R.P.: RICHARD A. GRAY RPH		05		Pending	
ADD: 2061 ELM ROAD		HOURS OPEN	(DAILY)	(SAT.)	(SUN. & HOLIDAYS)
WARREN, OH 44483					
CATEGORY: THREE	CLASS: 05	RESPONSIBLE PERSON: TITLE			
CNTY: TRUMBULL CO. (78)-GP	01/25/95				

PERSONNEL	TITLE/I.D. NO.	PERSONNEL	TITLE/I.D. NO.

- 1. LICENSES
- 2. I.D. CARDS
- 3. RECORD SYSTEM
- 4. BARRICADE
- 5. MIN. STANDARDS
- 6. SECURITY
- 7. LIBRARY
- 8. CLEANLINESS
- 9. REFRIGERATION
- 10. ACCOUNTABILITY
- 11. IMPROPER DISPENSING
- 12. INSUFFICIENT SUPERVISION
- 13. INVENTORY RECORDS
- 14. DRUG DESTRUCTION
- 15. ILLEGAL SALES
- 16. ILLEGAL PURCHASES
- 17. SAMPLES
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- 28. Rx INT/DATE
- 29. DEA INVENTORY
- 30. PHONED SCH II Rx
- 31. REFILLS - 6 MO/5X
- 32. REFILLS - INT/DATE
- 33. REFILLS - U A
- 34. EMERGENCY KIT
- 35. CONTINGENCY KIT
- 36. NON-REG. DISPENSING

Com 2/95

Comp 3/6/95

#1 - The new Term. Distr. # was issued to Giant Eagle Pharmacy Manager Richard Gray RPH on 2-6-95. The pharmacy is not scheduled to begin actual operation until the week of February 20, 1995.

A copy of the new license was forwarded to Mr Gray until this Agent can perform an on site inspection.

Please post this temporary copy of the license in your pharmacy, until I can supply you with the original

* Sharon - Copy of license was mailed
Original will be issued on or after 2/20/95

[Signature]

PINK SHEET ISSUED (circle one) YES NO DATE

PERSON IN CHARGE DATE [Signature] INSPECTOR

Handwritten notes at the top left of the page.

Handwritten notes at the top center of the page.

Handwritten notes in the upper middle section.

1. The new term, "Bible," was inserted in the Grant
Page History of November 19, 2017. The change was not
attributed to the person who made the change. The work of
the person who made the change was not identified.
The person who made the change was not identified.
The person who made the change was not identified.
The person who made the change was not identified.
The person who made the change was not identified.
The person who made the change was not identified.

Handwritten notes on the right margin.

Handwritten notes on the right margin.

* Character - copy of the same was made
Original will be made on 8/17/21

Handwritten notes at the bottom center.

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY, 77 S. HIGH ST., 17TH FLOOR, COLUMBUS, OHIO 43266-0320 - (614)466-4143

DDD#: 02-825300
 NAME: Giant Eagle Pharmacy
 R.P.: 2061 Elm Rd
 ADD: Warren, Ohio 44483

CNTY: Trumbull

PHONE 216 / 372 / 7003	TIME IN 12:00	A.M. <input checked="" type="radio"/>	TIME OUT 1:30	P.M. <input type="radio"/>
TYPE 05		FED. # BG 4325634		
HOURS OPEN 9-9		(DAILY) 9-9		(SUN. & HOLIDAYS) 9-6
RESPONSIBLE PERSON Brent J. Swypas		TITLE #18335 RPh		

PERSONNEL	TITLE/I.D. NO.	PERSONNEL	TITLE/I.D. NO.
Daniel Yocum	03-2-19456		
Karen Armstrong	Technician		

MAR 2 1995

1. LICENSES
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
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31. REFILLS - 6 MO/5X
32. REFILLS - INT/DATE
33. REFILLS - U A
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG. DISPENSING

#1 - The new original license was issued on this date a copy of the license & TDDO was previously given to this pharmacy on 2-6-95.

#2 - Current

#3 - IBM hardware with two pharmacy computer terminal PDX software on line to Central HQ, All records & keep within the barricade.

#4 - Full physical barricade with one access door & one service window. The door is key secured.

#5 - OK #6 - The service window has an inside slider lock for securing same. The pharmacist's noted have their own keys & alarm code. The pharmacy has hardline wire detectors & three wireless sensors. The relief pharmacist has key access by means of the "Gold Box" security system. Only the R Pharmacist has a key to the pharmacy.

Comm
3/25/95



PINK SHEET ISSUED (circle one) YES NO DATE

Daniel M. Yocum
 PERSON IN CHARGE

DATE 3-13-95 Parlick
 INSPECTOR

1419
 GIANT EAGLE PHARMACY
 2061 ELM ROAD
 WARREN, OH 44483
 (216) 372-7003

[illegible]

2-13-17
 2-13-17
 2-13-17

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY, 77 S. HIGH ST., 17TH FLOOR, COLUMBUS, OHIO 43266-0320 - (614)466-4143

DDD#: 02-825300
NAME:
R.P.:
ADD:

pg. 2

PHONE		TIME IN	A.M.	TIME OUT	A.M.
216					
TYPE		FED. #	EXP. DATE		
HOURS OPEN		(DAILY)	(SAT.)	(SUN. & HOLIDAYS)	
RESPONSIBLE PERSON:			TITLE		

CNTY:

PERSONNEL

TITLE/I.D. NO.

PERSONNEL

TITLE/I.D. NO.

ORIGINAL Start up February 26, 1995

- 1. LICENSES
- 2. I.D. CARDS
- 3. RECORD SYSTEM
- 4. BARRICADE
- 5. MIN. STANDARDS
- 6. SECURITY
- 7. LIBRARY
- 8. CLEANLINESS
- 9. REFRIGERATION
- 10. ACCOUNTABILITY
- 11. IMPROPER DISPENSING
- 12. INSUFFICIENT SUPERVISION
- 13. INVENTORY RECORDS
- 14. DRUG DESTRUCTION
- 15. ILLEGAL SALES
- 16. ILLEGAL PURCHASES
- 17. SAMPLES
- 18. NON-REG COMPOUNDING
- 19. Rx BLANKS
- 20. IMPROPER Rx'S
- 21. OUT DATED DRUGS
- 22. DRUG LABELS
- 23. Rx INFORMATION
- 24. OTC/SYRINGES
- 25. GENERIC MFG.
- 26. Rx FILES
- 27. Rx COPIES
- 28. Rx INT/DATE
- 29. DEA INVENTORY
- 30. PHONED SCH II Rx
- 31. REFILLS - 6 MO/5X
- 32. REFILLS - INT/DATE
- 33. REFILLS - U A
- 34. EMERGENCY KIT
- 35. CONTINGENCY KIT
- 36. NON-REG. DISPENSING

#7-OK #8-OK #9-OK
#10 - The pharmacy has all C-II drugs secured in a pharmacy safe with a perpetual inventory completed daily & monthly review by Resp. Person. There file system in place with the file # system numbers noted as C-II - 2 million series, C-III-V 4 million series, legend 6 million series, 8 million series are OTC products.
#11 -
DEA Inventory O Balance with opening of store 2-26-95
Wholesaler - Fox Meyer
Rx Daily - 50

PINK SHEET ISSUED (circle one) YES NO DATE

Daniel M. Yocum DATE 3-13-95 Paul
PERSON IN CHARGE INSPECTOR

Figure 1. The effect of the number of trials on the mean number of correct responses.

CRIMINALS start up telephone 214, 25

[illegible]

18. 21.5 ante praecepta anctorum
 19. 21.5 ante praecepta anctorum
 20. 21.5 ante praecepta anctorum

James W. Smith

JAN - 4 2000

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY; 77 S. HIGH ST., 17TH FLOOR; COLUMBUS, OHIO 43266-0320 · PHONE 614/466-4143; FAX 614/752-4836

TYPE: 02-1158550 P	PHONE (INCLUDE AREA CODE) 440-944-6963	TIME IN 11:15 P.M.	TIME OUT 12:30 P.M.
DDD#: 02-1158550 P	TYPE 05 (RETAIL)	FED.# BG555	EXP. DATE 11-17-02
NAME: GRANT EAGLE #216	HOURS OPEN 8:00-10:00 P (DAILY)	8:00-9:00 P (SAT)	8:00-9:00 P (SUN & HOLIDAYS)
R.P.: 30320 LAKE SHORE BLVD.	RESPONSIBLE PERSON R.H. CHRISTINE GRANT	TITLE/I.D. NO.	INIT. USED
ADDR: WILLOWICK, OHIO			
CAT: LAKE	CLASS: III		
CNTY: LAKE	05		

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
RPH. CHRISTINE GRANT		#03-321764			"CXG"
RPH. USA DOWLING		#19427 (CERT)			"LED"

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
18. NON-REG COMPOUNDING
19. Rx BLANKS
20. IMPROPER Rx'S
21. OUTDATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGES
25. GENERIC MFG.
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED SCH II Rx
31. REFILLS - 6MO/5X
32. REFILLS - INT/DATE
33. REFILLS - UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

— FIRST FULL INSPECTION —

1) OK (POSTED IN STORE)

GIANT EAGLE PHARMACY #216
30320 LAKE SHORE DRIVE
WILLOWICK, OHIO 44095
440-944-6883

2) OK

3) IBM COMPUTER SYSTEM IN HOUSE ONLY - RX SOFTWARE

4) BARRICADE REPORT WRITTEN IN OCT. 1999 AND APPROVED - FULL BARRICADE

5) OK

☐ PINK SHEET ISSUED FOR NUMBER(S):

DATE:

PERSON IN CHARGE

DATE

INSPECTOR

PHA-0610 (Rev. 12/97)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY; 77 S. HIGH ST., 17TH FLOOR; COLUMBUS, OHIO 43266-0320 · PHONE 614/466-4143; FAX 614/752-4836

TYPE:
 DDD#: 021158550
 NAME:
 R.P.: POCE 20F2
 ADDR:

PHONE (INCLUDE AREA CODE)

TIME
INA.M.
P.M.TIME
OUTA.M.
P.M.

TYPE

FED.#

EXP. DATE

HOURS
OPEN

(DAILY)

(SAT.)

(SUN. & HOLIDAYS)

CAT:
CNTY:

CLASS:

RESPONSIBLE PERSON

TITLE/I.D. NO.

INIT. USED

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
			GIANT EAGLE PHARMACY #216		
			30320 LAKE SHORE BLVD		
			WILLOUGH, OHIO 43085		
			440-941-6863		

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
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36. NON-REG DISPENSING
37. COUNSELING

6) STATE Alarm
 7) OK SYSTEM.

8) OK (NEW STORE
 OPENED ON 12-20-99
 FOR BUSINESS)

9) OK
 10) DEA 222 ORDER FORMS

29) DEA INVENTORY - 12-20-99
 WHOLESALER - McKesson/CARDINAL
 APPROX. DAILY Rx - 12
 LAST Rx # - 6000090

☐ PINK SHEET ISSUED FOR NUMBER(S):

DATE:

PERSON IN CHARGE

DATE

INSPECTOR

PHA-0610 (Rev. 12/97)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY, 77 S. HIGH ST., 17TH FLOOR, COLUMBUS, OHIO 43266-0320 - (614)466-4143

DDD#: 02-673750
NAME: Giant Eagle Pharmacy #1405
R.P.:
ADD: 48 Vienna Ave.
Niles, Ohio 44446

CNTY: TAUMBULL

PHONE	216 / 652 / 2150	TIME IN	1100	A.M. / P.M.	TIME OUT	115	A.M. / P.M.
TYPE	05	FED. #	BG 2891693	EXP. DATE 9-97			
HOURS OPEN	9-9	(DAILY)	(SAT.)	(SUN. & HOLIDAYS) 9-6			
RESPONSIBLE PERSON:	RICK JEREN			TITLE RPH			

PERSONNEL	TITLE/I.D. NO.	PERSONNEL	TITLE/I.D. NO.
Teffrey Michael Mymo	RPH. #20651		

JAN 16 1996

- 1. LICENSES
- 2. I.D. CARDS
- 3. RECORD SYSTEM
- 4. BARRICADE
- 5. MIN. STANDARDS
- 6. SECURITY
- 7. LIBRARY
- 8. CLEANLINESS
- 9. REFRIGERATION
- 10. ACCOUNTABILITY
- 11. IMPROPER DISPENSING
- 12. INSUFFICIENT SUPERVISION
- 13. INVENTORY RECORDS
- 14. DRUG DESTRUCTION
- 15. ILLEGAL SALES
- 16. ILLEGAL PURCHASES
- 17. SAMPLES
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- 32. REFILLS - INT/DATE
- 33. REFILLS - U A
- 34. EMERGENCY KIT
- 35. CONTINGENCY KIT
- 36. NON-REG. DISPENSING

#1- The new 1996 license is posted

#2- Current

#3- IBM hardware w/ PDX pharmacy software

The pharmacy has two computer patient dispensing monitors. All patient profile information is processed by the computer. No separate profile records. All original prescriptions are in the three file regimed system.

#4- The pharmacy has a full physical barricade with a back up pharmacist access only security alarm system. The pharmacy has three wall sensors & the access door/service window have hardwire contacts.

#5- OK

#6- RPharmacist only have Key/code control. A relief pharmacist key is secured in a "gold Box" which is obtained by RPhonly.

#7- The Law Book is current through March 1995 as regimed with updates.

PINK SHEET ISSUED (circle one) YES NO DATE

x Rick Jeren, RPH DATE 1-10-96 Patrick
PERSON IN CHARGE INSPECTOR

PHA 0610 (REV. 01/93) White - Office Copy Yellow - Inspector Copy Green - Distributor Copy Pink - Individual Copy

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY, 77 S. HIGH ST., 17TH FLOOR, COLUMBUS, OHIO 43266-0320 - (614)466-4143

DDD#: 02-673750
NAME:
R.P.:
ADD:

Pg. 2

CNTY:

PHONE		TIME IN	A.M.	TIME OUT	A.M.
TYPE		FED. #		EXP. DATE	P.M.
HOURS OPEN	(DAILY)	(SAT.)		(SUN. & HOLIDAYS)	
RESPONSIBLE PERSON:				TITLE	

PERSONNEL	TITLE/I.D. NO.	PERSONNEL	TITLE/I.D. NO.

1. LICENSES	#8-OK	#9-OK - All products current
2. I.D. CARDS		
3. RECORD SYSTEM	#	
4. BARRICADE		
5. MIN. STANDARDS		
6. SECURITY		
7. LIBRARY		
8. CLEANLINESS		
9. REFRIGERATION		
10. ACCOUNTABILITY		
11. IMPROPER DISPENSING		
12. INSUFFICIENT SUPERVISION		
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33. REFILLS - U A		
34. EMERGENCY KIT		
35. CONTINGENCY KIT		
36. NON-REG. DISPENSING		

Case # 95-2085 > Complainant Betty Yerick
829 Lafayette Hills Oh
Patient advised OSBP Executive Director Frank Wickham RPh MS that she did not receive the medication prescribed for her. The original prescription was pulled from file and it was a telephone RX. The dispensing RPh (Jeff Mymo) recorded the RX as Tagamet 800 TABS #35 with (6) refills. He recorded the information as prescribed by DR. Kuzar with his medical Agent Barb. The prescription had a separate note by the dispensing RPh attached which noted: "This lady had an RX called in from her M.D. for Tagamet. It was called in TAGAMET 800 TAD #35, she called & SAID she gets the 300 & we made a mistake, I took the call & I remember her specifically SAYING 800. She SAID (the patient) she wasn't coming back because of it."

PINK SHEET ISSUED (circle one) YES NO DATE

PERSON IN CHARGE: Rick Jelen, RPh DATE: 1-10-96 INSPECTOR: Paul Hill

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY, 77 S. HIGH ST., 17TH FLOOR, COLUMBUS, OHIO 43266-0320 - (614)466-4143

DDD#: 02-673750
NAME:
R.P.:
ADD:

CNTY:

PHONE
TYPE
HOURS OPEN
RESPONSIBLE PERSON

TIME IN
FED. #
(DAILY)
(SAT.)
(SUN. & HOLIDAYS)
TITLE

A.M. TIME OUT
P.M.
EXP. DATE

pg.3

PERSONNEL	TITLE/I.D. NO.	PERSONNEL	TITLE/I.D. NO.

- 1. LICENSES
- 2. I.D. CARDS
- 3. RECORD SYSTEM
- 4. BARRICADE
- 5. MIN. STANDARDS
- 6. SECURITY
- 7. LIBRARY
- 8. CLEANLINESS
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- 33. REFILLS - U A
- 34. EMERGENCY KIT
- 35. CONTINGENCY KIT
- 36. NON-REG. DISPENSING

Based on the recorded information by RPH Mynus & the actual telephone Rx, it is not possible to determine where the error occurred.

Agent Parkich will contact DR. Kuzar and check on his recorded information. If they have 300 mg noted I will suggest that DR. Kuzar consider allowing the patient split the 800 mg tablet & taking 400 mg versus the 300 mg.

Reprinted RPH Jern for - ORIGINAL Rx - Betty Yernick
Patient profile - " "

#14-Completed on this date See attached-41

DEA - Biennial inventory - 5-19-95 Close of Business

PINK SHEET ISSUED (circle one) YES NO DATE

x R. B. Jones, RPH
PERSON IN CHARGE

DATE 1-10-96
Inspector

OSBP

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.
-------------------------------	---	-------------

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: (Include Name, Street, City, State and ZIP Code in space provided below).

Grant Eagle Pharmacy
48 Vienna Ave
Niles, Ill 44446

Signature of applicant or authorized agent

R. J. Green

Registrant's DEA Number

BG2891693

Registrant's Telephone Number

216-652-2158

02-673750

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE! See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content, (Each Unit)	FOR DEA USE ONLY		
				DISPOSITION	QUANTITY	
					GMS.	MGS.
1 Duragesic 25 mcg/hr Patch System	2	5				
2 Decoral Pediatric Syrup	1	150 mL				
3 Decoral Expectant Syrup	1	473 mL		Destroyed		
4 Decoral Expectant Syrup	1	200 mL		at Site		
5 Decoral Pediatric Syrup	1	473 mL		by hand		
6				Destroy		
7				and process		
8				the Federal		
9				master		
10				index		
11				Perish		
12				OSBP		
13				1-10-76		
14						
15						
16						

* See instructions on reverse side.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, the collection of information, Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Drug Enforcement Administration, Records Management Section, Washington, D.C. 20537; and to the Office of Management and Budget, Paperwork Reduction Project No. 1117-0007, Washington, D.C. 20503.

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (P.L. 91-613).
PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.
ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated.
A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

PRIVACY ACT INFORMATION

1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 5: e.g., morphine sulfate tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 83 tabs., 1/2 gr. (32 mg.), etc.
2. All packages included on a single line should be identical in name, content and controlled substance strength.
3. Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any further inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
5. Drugs should be shipped tape-sealed via prepaid express or certified mail (return receipt requested) to Special Agent in Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

INSTRUCTIONS

•• Strike out lines not applicable.

WITNESSED BY:

DESTROYED BY:

DATE 1-10 1976

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in 5 packages purporting to contain the drugs listed on this inventory and have been: "(1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

[illegible]

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY, 77 S. HIGH ST., 17TH FLOOR, COLUMBUS, OHIO 43266-0320 - (614) 466-4143

DDD#: 02-825300
NAME: Giant Eagle Pharmacy #1419
R.P.:
ADD: 2061 Elm
Warren, Ohio 44483

CNTY: Trumbull

PHONE 216	372 372	7196 7003	TIME IN 11/5	A.M. P.M.	TIME OUT 315	A.M. P.M.
TYPE 05	FED. #	EXP. DATE 9-97				
BG 432 5634						
HOURS OPEN	(DAILY)	(SAT.)	(SUN. & HOLIDAYS)			
M-SAT 9-9		SUN 9-6				
RESPONSIBLE PERSON:			TITLE			
Brent Swipps			RPh			

PERSONNEL

TITLE/I.D. NO.

PERSONNEL

TITLE/I.D. NO.

Particle-

FEB 12 1936


1. LICENSES
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
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33. REFILLS - U A
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG. DISPENSING

#1 - Current & posted - last full susp. 3-/95

#14. Large Drug Destruction conducted at this facility from transferred drug stock of lic # 02-709950 to current licence w/control 02-825300

The 02-709950 license was discontinued
as business on 10-24-95. (Gem-Care Inc)

See attached DEA Form 41.



FEB 27 1968

PINK SHEET ISSUED (circle one)

YES

No

DATE _____

PERSON IN CHARGE

INSPECTOR

DATE 2-6-96

Favlich

PHA 0610 (REV. 01/93)

White - Office Copy Yellow - Inspector Copy Green - Distributor Copy Pink - Individual Copy

Highly Confidential Subject to Protective Order

BOP MDL2800652

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY, 77 S. HIGH ST., 17TH FLOOR, COLUMBUS, OHIO 43266-0320 - (614)466-4143

DDD#: 02-825300
NAME: Giant Eagle Pharmacy #1419
R.P.: 2061 Elm
ADD: Warren Ohio 44483
CNTY: TRUMBULL

PHONE
216 / 372 / 7003

TIME IN
5:30

A.M. TIME OUT
P.M.

TYPE
05

FED. #
BG-4325634

EXP. DATE

HOURS OPEN
(DAILY) m-SAT 9-9
(SAT.)
(SUN. & HOLIDAYS) 9-6

RESPONSIBLE PERSON:
Brent Surpas

TITLE
RAH

PERSONNEL	TITLE/I.D. NO.	PERSONNEL	TITLE/I.D. NO.

FEB 20 1996

1. LICENSES

2. I.D. CARDS

3. RECORD SYSTEM

4. BARRICADE

5. MIN. STANDARDS

6. SECURITY

7. LIBRARY

8. CLEANLINESS

9. REFRIGERATION

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30. PHONED SCH II

31. REFILLS - 6 MO/5X

32. REFILLS - INT/DATE

33. REFILLS - U A

34. EMERGENCY KIT

35. CONTINGENCY KIT

36. NON-REG. DISPENSING

#14- Drug Destruction follow up from 2-6-96

Comp
FEB 27 1996

PINK SHEET ISSUED (circle one) YES NO DATE

Brent J Surpas
PERSON IN CHARGE

DATE 2-12-96

Inspector

INSPECTOR

PHA 0610 (REV. 01/93) White - Office Copy Yellow - Inspector Copy Green - Distributor Copy Pink - Individual Copy

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY, 77 S. HIGH ST., 17TH FLOOR, COLUMBUS, OHIO 43266-0320 - (614)466-4143

DDD#: 02-825300
NAME: Giant Eagle Pharmacy #1419
R.P.:
ADD: 2061 Elm
Warren, Ohio 44483

CNTY: Trumbull

PHONE	216 / 372 / 7003	TIME IN	5 ³⁰	A.M.	TIME OUT	A.M.
TYPE		FED. #	EXP. DATE			
05		BG 4325634				
HOURS OPEN	(DAILY)	(SAT.)	(SUN. & HOLIDAYS)			
M-SAT 9-9		SUN 9-6				
RESPONSIBLE PERSON:			TITLE			
Brent Swijas			RPh			

PERSONNEL	TITLE/I.D. NO.	PERSONNEL	TITLE/I.D. NO.

- 1. LICENSES
- 2. I.D. CARDS
- 3. RECORD SYSTEM
- 4. BARRICADE
- 5. MIN. STANDARDS
- 6. SECURITY
- 7. LIBRARY
- 8. CLEANLINESS
- 9. REFRIGERATION
- 10. ACCOUNTABILITY
- 11. IMPROPER DISPENSING
- 12. INSUFFICIENT SUPERVISION
- 13. INVENTORY RECORDS
- 14. DRUG DESTRUCTION
- 15. ILLEGAL SALES
- 16. ILLEGAL PURCHASES
- 17. SAMPLES
- 18. NON-REG COMPOUNDING
- 19. Rx BLANKS
- 20. IMPROPER Rx'S
- 21. OUT DATED DRUGS
- 22. DRUG LABELS
- 23. Rx INFORMATION
- 24. OTC/SYRINGES
- 25. GENERIC MFG.
- 26. Rx FILES
- 27. Rx COPIES
- 28. Rx INT/DATE
- 29. DEA INVENTORY
- 30. PHONED SCH II Rx
- 31. REFILLS - 6 MO/5X
- 32. REFILLS - INT/DATE
- 33. REFILLS - U A
- 34. EMERGENCY KIT
- 35. CONTINGENCY KIT
- 36. NON-REG. DISPENSING

Morphine Oral Solution 500mL
Solution noted on DEA Form 41
Dated 2-6-96 was returned to stock
as unexpired & not destroyed with the
other controlled drug entries.

See attached incident report by Agent Parlick.

PINK SHEET ISSUED (circle one) YES NO DATE

Brent Swijas
PERSON IN CHARGE

DATE 2-12-96

Parlick
INSPECTOR

OSBP

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.
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The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: (Include Name, Street, City, State and ZIP Code in space provided below).

Giant Eagle Pharmacy
2061 Elm Rd.
Warren, Ohio 44483

OLD Lic. 02-709950

TRANSFERRED to 02-825300

Signature of applicant or authorized agent
Registrant's DEA Number BG 4325634
Registrant's Telephone Number 216-372-7003

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE! See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content, (Each Unit)	FOR DEA USE ONLY		
				DISPOSITION	QUANTITY	
					GMS.	MGS.
1 Morphine Unit Dose Cups 10mg/5mL	2	3	4	5	6	7
2 MS Contin tabs	1	294	60			
3 Morphine tubex	170	1 mL	10			
4 Morphine tubex	1	5 mL	10			
5 Meperidine Tab	1	100	100			
6 Morphine Sulfate Tab	3	100	30			
7 Morphine Sulfate Tubex	3	10 mL	8			
8						
9						
10 Initial Destruction at pharmacy						
11 on 2-6-95. Above items						
12 Destroyed but not recorded by						
13 Parliak in previously sent						
14 DEA Form 41 same date.						
15 (See report attached Parliak OSBP)						
16						

updated
2-9-96
verified by
the Rep.
Person R. Ph
on

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY		
				DISPOSITION	QUANTITY	
					GMS.	MGS.
1	2	3	4	5	6	7
17						
18						
19						
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The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in _____ packages purporting to contain the drugs listed on this inventory and have been: ***(1) Forwarded tape-sealed without opening;**
(2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

DATE Feb. 9 19 96 DESTROYED BY: Pauline OSBP 2-9-96
WITNESSED BY: [Signature] 2-12-96
**** Strike out lines not applicable.**

INSTRUCTIONS

- 1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3; e.g., morphine sulfate tabs., 3 pkgs., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 83 tabs., 1/2 gr. (32 mg.), etc.
- 2. All packages included on a single line should be identical in name, content and controlled substance strength.
- 3. Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any further inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
- 4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
- 5. Drugs should be shipped tape-sealed via prepaid express or certified mail (return receipt requested) to Special Agent In Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (P.L. 91-513).
PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.
ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated.
A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Drug Enforcement Administration, Records Management Section, Washington, D.C. 20537; and to the Office of Management and Budget, Paperwork Reduction Project No. 1117-0007, Washington, D.C. 20503.

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY, 77 S. HIGH ST., 17TH FLOOR, COLUMBUS, OHIO 43266-0320 - PHONE (614)466-4143 / FAX (614)752-4836

TYPE:
DDD#: 02-0825300
NAME: Giant Eagle Pharmacy # 1419
R.P.:
ADDR: 2061 Elm Rd.
Warren Ohio 44483

PHONE 330 / 372 / 7003	TIME IN 1030 P.M. OUT 1200 P.M.
TYPE Retail Chain	FED.# BG 4325634
HOURS OPEN 9-9 (DAILY)	(SAT.) (SUN, & HOLIDAYS) 9-6
RESPONSIBLE PERSON: Brent J. Swipas	TITLE/I.D. NO. RPh.
INIT. USED:	

CAT: III CLASS: 05
CNTY: Trumbull

PERSONNEL	INIT. USED	TITLE/ I.D.NO.	PERSONNEL	INIT. USED	TITLE/ I.D.NO.
Daniel M. Yocum		RPh 03-2 19456	* Agent Paulich will forward this information to the DEA Compliance Division.		

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
18. NON-REG COMPOUNDING
19. Rx BLANKS
20. IMPROPER Rx'S
21. OUT DATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGES
25. GENERIC MFG.
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED SCH II Rx
31. REFILLS - 6MO/5X
32. REFILLS - INT/DATE
33. REFILLS - UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

#1-Current Posted

On this date Agent Paulich met w/ DAN Yocum RPh regarding the following shortage of a controlled C-II drug:
Sealed Mfrg vial of: Methylphenidate Hydrochloride 5mg TABs
Manufactured by MD Pharmaceuticals Inc
Santa Ana, Ca. 92704
Label # NDC - 43567-531-07
Lot # M531B10 Exp 2-00

RPh Yocum advised that the Mfrg sealed vial was opened by him & counted manually for 100 unit dose Rx. The vial showed a TOTAL of only 95 units.
This pharmacy runs a C-II manually prepared by RPh only perpetual log of accountability. No previous shortages w/this mfrg was noted by the RPh. A DEA Form #106 was prepared for the loss. See attached report.
The original mfrg. vial will be secured w/ the pharmacy through their next Biennial inventory.

PINK SHEET ISSUED FOR NUMBER: _____

DATE: _____

MAY 20 1997 10:44

Daniel M. Yocum RPh DATE 5-15-97
PERSON IN CHARGE

Paulich
INSPECTOR

PHA 0610 (REV. 06/95)

WHITE - OFFICE COPY YELLOW - INSPECTOR COPY GREEN - DISTRIBUTOR COPY PINK - INDIVIDUAL COPY

OSBP

U.S. DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION
REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCES

OMB APPROVAL
 No. 1117-0001

Federal Regulations require registrants to submit a detailed report of any theft or loss of Controlled Substances to the Drug Enforcement Administration.
 Complete the front and back of this form in triplicate. Forward the original and duplicate copies to the nearest DEA Office. Retain the triplicate copy for your records. Some states may also require a copy of this report.

DEA MANUAL AUTHORITY:
 Diversion Investigators 5124
 FFS: 630-02

1. NAME AND ADDRESS OF REGISTRANT (Include ZIP Code)

GIANT EAGLE Pharmacy # 1419
 2061 ELM RD.
 WARREN, OHIO

ZIP CODE

44483

2. PHONE NO. (Include Area Code)

330-372-7003

3. DEA REGISTRATION NUMBER

2 ltr. prefix 7 digit suffix

BG 4325634

4. DATE OF THEFT OR LOSS

5. PRINCIPAL BUSINESS OF REGISTRANT (Check one)

- 1 ☒ Pharmacy 5 ☐ Distributor
 2 ☐ Practitioner 6 ☐ Methadone Program
 3 ☐ Manufacturer 7 ☐ Other (specify)
 4 ☐ Hospital/Clinic

6. COUNTY IN WHICH REGISTRANT IS LOCATED

TRUMBULL

7. WAS THEFT REPORTED TO POLICE?

☐ YES ☒ NO

8. NAME AND TELEPHONE NUMBER OF POLICE DEPARTMENT (Include Area Code)

OHIO STATE BOARD of Pharmacy notified
 614-466-4143 AGENT G. PAULICH

9. NUMBER OF THEFTS OR LOSSES REGISTRANT HAS EXPERIENCED IN THE PAST 24 MONTHS?

None

10. TYPE OF THEFT OR LOSS (Check one and complete items below as appropriate)

- 1 ☐ Night break-in 3 ☐ Employee pilferage 5 ☐ Other (Explain)
 2 ☐ Armed robbery 4 ☐ Customer theft 6 ☐ Lost in transit (Complete Item 14)

11. IF ARMED ROBBERY, WAS ANYONE

N/A

KILLED? ☒ No ☐ Yes (How many)INJURED? ☒ No ☐ Yes (How many)

12. PURCHASE VALUE TO REGISTRANT OF CONTROLLED SUBSTANCES TAKEN?

\$.96

13. WERE ANY PHARMACEUTICALS OR MERCHANDISE TAKEN?

☐ No ☐ Yes (Est. Value)

14. IF LOST IN TRANSIT, COMPLETE THE FOLLOWING: PACKAGE WAS IN SEALED MD PHARMACEUTICAL VIAL

A. Name of Common Carrier

B. Name of Consignee

C. Consignee's DEA Registration Number

D. Was the carton received by the customer?

☐ Yes ☐ No

E. If received, did it appear to be tampered with?

☐ Yes ☐ No

F. Have you experienced losses in transit from this same carrier in the past?

☐ No ☐ Yes (How Many)

15. WHAT IDENTIFYING MARKS, SYMBOLS, OR PRICE CODES WERE ON THE LABELS OF THESE CONTAINERS THAT WOULD ASSIST IN IDENTIFYING THE PRODUCTS?

LIT # M531810
 Exp 2-00

> sealed mfrg. vial that shortage qty came in.

16. IF OFFICIAL CONTROLLED SUBSTANCE ORDER FORMS (DEA 222) WERE STOLEN, GIVE NUMBERS

N/A

17. WHAT SECURITY MEASURES HAVE BEEN TAKEN TO PREVENT FUTURE THEFTS OR LOSSES?

See ATTACHED OSBP inspection sheet for loss info.

The RPh on normal procedure opens mfrg. sealed C-II drug packages & count the dosage units prior to dispensing. This procedure is what alerted the RPh to the contents shortage of a sealed pkg of 100 units to an actual qty of 95

PRIVACY ACT INFORMATION

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (PL 91-513).
 PURPOSE: Report theft or loss of Controlled Substances.

ROUTINE USES: The Controlled Substances Act authorizes the production of special reports required for statistical and analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:

- A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes
 B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes

EFFECT: Failure to report theft or loss of controlled substances may result in penalties under Section 402 and 403 of the Controlled Substances Act.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Records Management Section, Drug Enforcement Administration, Washington, D.C. 20537; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

DEA Form - 106
 (Dec 1985)

Previous edition dated 3/83 is OBSOLETE.

CONTINUE ON REVERSE

1

LIST OF CONTROLLED SUBSTANCES LOST

Trade Name of Substance or Preparation	Name of Controlled Substance in Preparation	Dosage Strength and Form	Quantity
1. Example: Dosoxyn	Methamphetamine Hydrochloride	5 Mg Tablets	3 x 100
2. Demerol	Meperidine Hydrochloride	50 Mg/ml Vial	5 x 30 ml
3. Robitussin A-C	Codeine Phosphate	2 Mg/cc Liquid	12 Pints
4. Ritalin	Methylphenidate Hydrochloride	5 mg TABs	5
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I certify that the foregoing information is correct to the best of my knowledge and belief.

Daniel M. Jocum - R.Ph.
Signature

STAFF PHARMACIST
Title

5-15-97
Date

U.S. Government Printing Office: 1990 — 282-057/25 36

7

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY; 77 S. HIGH ST., 17TH FLOOR; COLUMBUS, OHIO 43266-0320 · PHONE 614/466-4143; FAX 614/752-4836

TYPE: DDD#: 02-0825300P NAME: Giant Eagle Pharmacy #1419 R.P.: ADDR: 2061 Elm Rd. Warren, Ohio 44483 CAT: III CNTY: TRUMBULL CLASS: 05	PHONE (INCLUDE AREA CODE) 330-372-7003 TYPE Chain HOURS (DAILY) OPEN 9-9 (SAT.) (SUN. & HOLIDAYS) 9-6 RESPONSIBLE PERSON BRENT J. SWIPAS TITLE/I.D. NO. RPh 18335 INIT. USED 18335
--	--

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
Daniel Yocum		RPh. 19456	* The pharmacy has PDX software on two computer monitors for all Patient Dispensing SEP - 2 1998		
(Partial Insp)					

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
18. NON-REG COMPOUNDING
19. Rx BLANKS
20. IMPROPER Rx'S
21. OUTDATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGES
25. GENERIC MFG.
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED SCH II RX
31. REFILLS - 6MO/5X
32. REFILLS - INT/DATE
33. REFILLS - UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

- On 8-17-98 RPh Swipas contacted OSBP Agent Pavlich regarding a C-II shortage of - Methylphenidate 5mg Tabs TOTAL 56 Tabs.
- An in-house security review w/ Bill Pavlich Giant Eagle Security was conducted this past week. Additional Security documentation being noted by the RPh on the actual C-II Rx which includes qty dispensed plus remaining qty in vial.
- The pharmacy also has a C-II perpetual log & all C-II drugs are secured in the RPh only controlled VAULT.
- See OSBP Case #
- A Full inspection was last conducted in this pharmacy on 5-15-97.

PINK SHEET ISSUED FOR NUMBER(S):

DATE:

Brent J. Swipas
PERSON IN CHARGE

DATE

8-24-98

Pavlich
INSPECTOR

PHA-0610 (Rev. 03/97)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

U.S. DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION
REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCES

OMB APPROVAL
No. 1117-0001

Federal Regulations require registrants to submit a detailed report of any theft or loss of Controlled Substances to the Drug Enforcement Administration.
 Complete the front and back of this form in triplicate. Forward the original and duplicate copies to the nearest DEA Office. Retain the triplicate copy for your records. Some states may also require a copy of this report.

DEA MANUAL AUTHORITY
 Diversion Investigators 5124
 FFS 630 02

1. NAME AND ADDRESS OF REGISTRANT (Include ZIP Code) GIANT Eagle Pharmacy 2061 ERM RD. WARREN, OHIO <div style="text-align: right; margin-top: 10px;"> 02-0825301 ZIP CODE <div style="border: 1px solid black; padding: 2px; display: inline-block;">47783</div> </div>		2. PHONE NO. (Include Area Code) <div style="text-align: center; font-size: 1.2em;">330-372-7003</div>	
3. DEA REGISTRATION NUMBER 2 ltr. prefix 7 digit suffix <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">BG</div> <div style="border: 1px solid black; padding: 2px;">4325634</div> </div>	4. DATE OF THEFT OR LOSS <div style="text-align: center;">NOTED AS MISSING 8.13.98</div>	5. PRINCIPAL BUSINESS OF REGISTRANT (Check one) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1 <input checked="" type="checkbox"/> Pharmacy 2 <input type="checkbox"/> Practitioner 3 <input type="checkbox"/> Manufacturer 4 <input type="checkbox"/> Hospital/Clinic </div> <div style="width: 45%;"> 5 <input type="checkbox"/> Distributor 6 <input type="checkbox"/> Methadone Program 7 <input type="checkbox"/> Other (specify) </div> </div>	
6. COUNTY IN WHICH REGISTRANT IS LOCATED TRUMBULL	7. WAS THEFT REPORTED TO POLICE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	8. NAME AND TELEPHONE NUMBER OF POLICE DEPARTMENT (Include Area Code) WARREN P.D. 330-394-2521 OSBP AGENT G. PAULICH 330-757-0629	
9. NUMBER OF THEFTS OR LOSSES REGISTRANT HAS EXPERIENCED IN THE PAST 24 MONTHS? <div style="text-align: center; font-size: 1.2em;">NO</div>	10. TYPE OF THEFT OR LOSS (Check one and complete items below as appropriate) <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> 1 <input type="checkbox"/> Night break in 2 <input type="checkbox"/> Armed robbery </div> <div style="width: 30%;"> 3 <input type="checkbox"/> Employee pilferage 4 <input type="checkbox"/> Customer theft </div> <div style="width: 30%;"> 5 <input checked="" type="checkbox"/> Other (Explain) UNKNOWN 6 <input type="checkbox"/> Lost in transit (Complete Item 14) </div> </div>		
11. IF ARMED ROBBERY, WAS ANYONE: KILLED? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (How many) _____ INJURED? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (How many) _____		12. PURCHASE VALUE TO REGISTRANT OF CONTROLLED SUBSTANCES TAKEN? <div style="text-align: center;">\$ 11.21</div>	13. WERE ANY PHARMACEUTICALS OR MERCHANDISE TAKEN? <input type="checkbox"/> No <input type="checkbox"/> Yes (Est. Value) _____ <div style="text-align: center;">\$ _____</div>
14. IF LOST IN TRANSIT, COMPLETE THE FOLLOWING:			
A. Name of Common Carrier	B. Name of Consignee	C. Consignee's DEA Registration Number	
D. Was the carton received by the customer? <input type="checkbox"/> Yes <input type="checkbox"/> No	E. If received, did it appear to be tampered with? <input type="checkbox"/> Yes <input type="checkbox"/> No	F. Have you experienced losses in transit from this same carrier in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes (How Many) _____	
15. WHAT IDENTIFYING MARKS, SYMBOLS, OR PRICE CODES WERE ON THE LABELS OF THESE CONTAINERS THAT WOULD ASSIST IN IDENTIFYING THE PRODUCTS? <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Price Code 110-1575</div> <div>00135215</div> <div>4-2014X</div> <div>McKesson-Wholesaler</div> </div>			

16. IF OFFICIAL CONTROLLED SUBSTANCE ORDER FORMS (DEA 222) WERE STOLEN, GIVE NUMBERS

NO

17. WHAT SECURITY MEASURES HAVE BEEN TAKEN TO PREVENT FUTURE THEFTS OR LOSSES?

Perpetual log presently in place with RPh only documentation
RPh only control access to the C-II unit
ALL C-II Rx's now have the Dispensed Qty written in the script with remaining qty in the UML Also noted.

PRIVACY ACT INFORMATION

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (PL 91-513)
PURPOSE: Report theft or loss of Controlled Substances
ROUTINE USES: The Controlled Substances Act authorizes the production of special reports required for statistical and analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:
 A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
 B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
EFFECT: Failure to report theft or loss of controlled substances may result in penalties under Section 402 and 403 of the Controlled Substances Act

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Records Management Section, Drug Enforcement Administration, Washington, D.C. 20537; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503

LIST OF CONTROLLED SUBSTANCES LOST

Trade Name of Substance or Preparation	Name of Controlled Substance in Preparation	Dosage Strength and Form	Quantity
Examples: Desoxyn	Methamphetamine Hydrochloride	5 Mg Tablets	3 x 100
Demerol	Meperidine Hydrochloride	50 Mg/ml Vial	5 x 30 ml
Robitussin A-C	Codeine Phosphate	2 Mg/cc Liquid	12 Pints
1. Ritalin	Methylphenidate Hydrochloride	5mg TABS	56
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I certify that the foregoing information is correct to the best of my knowledge and belief.

Brent J. Swipes

Signature

Pharmacy Manager

Title

8/24/98

Date

George Pavlich

Agent OSBP

8-24-98

U.S. Government Printing Office: 1990 — 282-067/26156

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY; 77 S. HIGH ST., 17TH FLOOR; COLUMBUS, OHIO 43266-0320 - PHONE 614/466-4143; FAX 614/752-4836

TYPE: TERM DISTR RETAIL PHARMACY
 DDD#: 02-1087150 GIANT (NEW)
 NAME: RINI-REGO EAGLE dba
 R.P.: MARLENE G. KHOREY RPH
 ADDR: 7960 PLAZA BLVD.
 MENTOR, OH 44060

PHONE (INCLUDE AREA CODE)

440-602-4013

TIME

A.M.

TIME

A.M.

IN

P.M.

OUT

P.M.

TYPE

FED.#

EXP. DATE

HOURS

(DAILY)

(SAT.)

(SUN. & HOLIDAYS)

OPEN

RESPONSIBLE PERSON

TITLE/I.D. NO.

INIT. USED

CAT: THREE

CLASS: 05

CNTY: LAKE CO. (43)-FB 07/29/98 SP

R.P.H. MARLY BETH SALISBERY

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

R.P.H. MARLENE KHOREY

#03-1-21344

R.P.H. MARLY BETH SALISBERY

SEP 11 1998

R.P.H. DOUG MORRIS

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
18. NON-REG COMPOUNDING
19. Rx BLANKS
20. IMPROPER Rx'S
21. OUTDATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGES
25. GENERIC MFG.
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED SCH II Rx
31. REFILLS - 6MO/5X
32. REFILLS - INT/DATE
33. REFILLS - UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

1) OK (DELIVERED THIS DATE)

- PORTAL INSPECTION -

2) OK

3) IBM COMPUTER - IN HOUSE ONLY PDX SOFTWARE

4) BARRICADE REPORT WRITTEN

5) OK

6) FIRM SECURITY COMPANY

7) ORDERED

8) OK (NEW PHARMACY)

9) OK

WHOLESALE - MCKESSY/CARDINAL
STORE TO OPEN 09-13-98Comp. 5
9/17/98

PINK SHEET ISSUED FOR NUMBER(S):

DATE:

PERSON IN CHARGE

DATE 9/2/98

INSPECTOR

PHA-0610 (Rev. 03/97)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

DATE 9-2-98
AGENT FTF-2021

T.D.D.D. NO. 02-1087150
D.E.A. NO. Pharmacy

RULE 4729-9-11 REQUIREMENTS

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:
_____.

CHECK ONE:

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Key in sealed envelope in safe.

All items requiring R.Ph. supervision are inside barricade.

Prescription department may not be entered when barricade is in use.

(A) Physical Barricade:

(1) Minimum of seven (7) feet in height.

(2) Fully enclosed.

(3) Suitable locks are provided.

(4) Prescription department cannot be entered when locked without obvious damage to barricade.

(5) No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

(B) Electronics:

(1) This is a company-owned system.

If no, leased from whom? FIRM SECURITY

(2) This is a [circle one] hardwire/wireless/both system.

(3) There is a functional emergency "hold up" button.

(4) System is in operation at all times when R.Ph. is not present.

(5) Items in prescription room may not be removed when system is operating without activating the alarm.

Where does alarm sound or who does it alert? ① FIRM SECURITY
② MONITOR ROOM
③ RPH.

(6) Only R.Ph.s possess access code to prescription room.

(7) System was tested this date.

When was system last tested? (Date) 09-02-98

PHA-0611 (Rev. 01/90)

(CONTINUED ON REVERSE)

11/17/21

- 2 -

CHECK ONE:

YES	NO
	X
X	
X	

Slot is provided for drop-in prescriptions.

Suitable notice of operating hours to public is posted.

Notice of emergency service is posted.

I, MAURICE L. HENRY, R.Ph. Owner, have been informed of and understand the following requirements:

- (1) No prescription item may be sold when the prescription department is closed.
- (2) No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
- (3) No prescription may be left outside the barricade for customer pick-up.
- (4) No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
- (5) No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Rules 4729-17-03 and 4729-17-07 of the Ohio Administrative Code.
- (6) Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
- (7) All dangerous drugs are to be stored within a barricaded area.

Maurice L. Henry
(Signature of R.Ph./Owner)

9-2-98 9:25 AM
(Date/Time)

I, FRANK J. BAI, COMPLIANCE AGENT, FIND THIS BARRICADE TO COMPLY WITH ALL REQUIREMENTS OF RULE 4729-9-11 OF THE OHIO ADMINISTRATIVE CODE.

COMMENTS:

(PLACE STORE STICKER HERE)

10/17/21

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY; 77 S. HIGH ST., 17TH FLOOR; COLUMBUS, OHIO 43266-0320 - PHONE 614/466-4143; FAX 614/752-4836

TYPE:	PHONE (INCLUDE AREA CODE)	TIME IN	A.M.	TIME OUT	A.M.
DDD#: 02-1087150 F	440-602-4013	12:40	P.M.	2:00	P.M.
NAME: GIANT EDGE PHARMACY	TYPE: 05 (RETAIL)	FED. #	9-30	EXP. DATE	
R.P.: 7960 PLAZA BLVD.	HOURS OPEN: 8:00-10:00A	(DAILY)	(SAT.) 8:00-9:00A	(SUN. & HOLIDAYS)	
ADDR: MENTOR, OHIO	RESPONSIBLE PERSON: RPH. MARY BETH SAUSBURY	TITLE/I.D. NO.		INIT. USED	
CAT: III	CLASS: 05				
CNTY: LAKE					

PERSONNEL	INIT. USED	TITLE/I.D. NO.	PERSONNEL	INIT. USED	TITLE/I.D. NO.
RPH. DOUG MORRIS		#03-211337	"DN"		
RPH. MARY BETH SAUSBURY		#21226	"MBH"		
		(GER)			

DEC 10 1998

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
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21. OUTDATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGES
25. GENERIC MFG.
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED SCH II RX
31. REFILLS - 6MO/5X
32. REFILLS - INT/DATE
33. REFILLS - UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

- 1) OK (POSTED IN PHARMACY)
- 2) OK
- 3) IBM COMPUTER SYSTEM IN HOUSE ONLY. PDX SOFTWARE. COMPUTER GENERATES A DAILY PRINT-OUT WHICH IS SIGNED BY DISPENSING PHARMACIST.
- 4) BARRICADE OK (REPORT WRITTEN EARLIER ON OPENING AND DELIVERY OF LICENSE)
- 5) OK
- 6) PHARM SECURITY SYSTEMS
- 7) OK (LAW BOOK IN STORE)

PINK SHEET ISSUED FOR NUMBER(S):

DATE:

PERSON IN CHARGE

DATE 12-3-98

INSPECTOR

PHA-0610 (Rev. 03/97)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY; 77 S. HIGH ST., 17TH FLOOR; COLUMBUS, OHIO 43266-0320 - PHONE 614/466-4143; FAX 614/752-4836

TYPE:	PHONE (INCLUDE AREA CODE)	TIME IN	A.M.	TIME OUT	A.M.
DDD#:					
NAME:			P.M.		P.M.
R.P.:		FED.#		EXP. DATE	
ADDR:					
		HOURS OPEN	(DAILY)	(SAT.)	(SUN. & HOLIDAYS)
CAT:	CLASS:	RESPONSIBLE PERSON		TITLE/I.D. NO.	INIT. USED
CNTY:					

PERSONNEL	INIT. USED	TITLE/I.D. NO.	PERSONNEL	INIT. USED	TITLE/I.D. NO.

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
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6. SECURITY
7. LIBRARY
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32. REFILLS - INT/DATE
33. REFILLS - UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

8) OK (NEW STORE)

9) OK

10) DEA 222 ORDER FORMS IN ORDER

DBA RINI-REGO #0196 7960 PLAZA BLVD.
MENTOR, OH 44060

PHARMACY

NABP 3665671

440-602-4013

6002400 12/02/00 12/02/00 DNL

29) DEA INVENTORY -
09-27-98 - (ON OPENING37) COUNSELING BOOK AT
FRONT COUNTER FOR REFILLS.

WHOLESALE - MCKESSON

THEIR - NONE

APPROX DAILY RX - 35-50

PINK SHEET ISSUED FOR NUMBER(S):

DATE:

PERSON IN CHARGE

DATE

12/3/98

INSPECTOR

PHA-0610 (Rev. 03/97)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY; 77 S. HIGH ST., 17TH FLOOR; COLUMBUS, OHIO 43266-0320 - PHONE 614/466-4143; FAX 614/752-4836

TYPE: DDD#: 02-0825300 P NAME: Brent Swipasa RPh R.P.: ADDR: Giant Eagle #1419 2061 Elm Rd Warren Ohio CAT: III CNTY: Trumbull			PHONE (INCLUDE AREA CODE) 330-372-7003		TIME IN 10:15 P.M. TIME OUT 11:00 P.M.	
CLASS: 05			TYPE 05 Retail Chain		FED.# EXP. DATE	
HOURS OPEN 9-9 M-SAT			(DAILY) (SAT.) (SUN. & HOLIDAYS)		9-6 SUN	
RESPONSIBLE PERSON BRENT SWIPASA RPh			TITLE/I.D. NO.		INIT. USED	

PERSONNEL	INIT. USED	TITLE/I.D. NO.	PERSONNEL	INIT. USED	TITLE/I.D. NO.
			(Partial Insp)		

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
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8. CLEANLINESS
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35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

Agent Paulish requested specific patient information from the above RPh regarding compliance concerns on transfer of an Rx from TMMB (Trumbull Medical Medical Group) physicians of record for outside pharmacies.

* Discussed w/ RPh Swipasa the need for patient names & specific complaints regarding TMMB. He was unable to provide me with the names of specific persons from past Rx oral transfers & updates. He will maintain a log of any problems that can be documented & report these to the Medical Board investigator once this case is turned over to them per T. Benedict.

* Contacted William Winsky of CE reporting house for RPh's in the year 2001

☐ PINK SHEET ISSUED FOR NUMBER(S):

DATE:

Brent Swipasa
PERSON IN CHARGE

DATE 2-22-99

Paulish
INSPECTOR

PHA-0610 (Rev. 12/97)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

JUN 18 1999

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY; 77 S. HIGH ST., 17TH FLOOR; COLUMBUS, OHIO 43266-0320 · PHONE 614/466-4143; FAX 614/752-4836

TYPE:
DDD#: 02-0825300R
NAME: Giant Eagle Pharmacy #1419
R.P.:
ADDR: 2061 Elm Rd
Warren Ohio 44483

PHONE (INCLUDE AREA CODE)

330-372-7003

TIME

A.M.

IN 11:00 P.M.

TIME

A.M.

OUT 12:45 P.M.

TYPE

RETAIL Chain

FED.#

BG 432 5634

EXP. DATE 9-2000

HOURS

(DAILY)

(SAT.)

(SUN. & HOLIDAYS)

OPEN

9-9

9-6

RESPONSIBLE PERSON

TITLE/I.D. NO.

INIT. USED

Brent J. Supas RPh

RPh

CAT: III

CLASS: 05

CNTY: TAUHALL

PERSONNEL

INIT.
USED

TITLE/
I.D. NO.

PERSONNEL

INIT.
USED

TITLE/
I.D. NO.

DAN Yocum RPh.

Partial Inspection

(NEW Pharmacy within
Same store & NEW Barricade)

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
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33. REFILLS - UA
34. EMERGENCY KIT
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36. NON-REG DISPENSING
37. COUNSELING

On this date the pharmacy new Barricade was inspected.

The pharmacy is being moved to a central location within the Giant Eagle store.

The new barricade consists of a wireless alarm system with three wall mounted sensors. The alarm is controlled through State Alarm. The alarm has a RPh individual controlled * access code pad.

The barricade has a counseling room access window that is secured with the slider window lock, secured from within the pharmacy by the RPharmacist.

The pharmacy has a wrap around barricade grate that is secured by pin at the one end & Two Floor pin locks with dead bolt

☐ PINK SHEET ISSUED FOR NUMBER(S): Key controlled end of line security.

Brent J. Supas
PERSON IN CHARGE

DATE 6-14-99

Paul
INSPECTOR

PHA-0610 (Rev. 12/97)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

JUN 18 1999

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY; 77 S. HIGH ST., 17TH FLOOR; COLUMBUS, OHIO 43266-0320 - PHONE 614/466-4143; FAX 614/752-4836

TYPE: DDD#: 02-0825300 NAME: R.P.: ADDR:	PHONE (INCLUDE AREA CODE)	TIME IN	A.M. P.M.	TIME OUT	A.M. P.M.
	TYPE	FED.#		EXP. DATE	
	HOURS OPEN	(DAILY)	(SAT.)	(SUN. & HOLIDAYS)	
	RESPONSIBLE PERSON	TITLE/I.D. NO.		INIT. USED	
CAT: CNTY:	CLASS:				
PERSONNEL		INIT. USED	TITLE/I.D. NO.		

1. LICENSING 2. I.D. CARDS 3. RECORD SYSTEM 4. BARRICADE 5. MIN. STANDARDS 6. SECURITY 7. LIBRARY 8. CLEANLINESS 9. REFRIGERATION 10. ACCOUNTABILITY 11. IMPROPER DISPENSING 12. INSUFFICIENT SUPERVISION 13. INVENTORY RECORDS 14. DRUG DESTRUCTION 15. ILLEGAL SALES 16. ILLEGAL PURCHASES 17. SAMPLES 18. NON-REG COMPOUNDING 19. Rx BLANKS 20. IMPROPER Rx'S 21. OUTDATED DRUGS 22. DRUG LABELS 23. Rx INFORMATION 24. OTC/SYRINGES 25. GENERIC MFG. 26. Rx FILES 27. Rx COPIES 28. Rx INT/DATE 29. DEA INVENTORY 30. PHONED SCH II Rx 31. REFILLS - 6MO/5X 32. REFILLS - INT/DATE 33. REFILLS - UA 34. EMERGENCY KIT 35. CONTINGENCY KIT 36. NON-REG DISPENSING 37. COUNSELING	<p>Revised the large Bay service window lamicide metal grate. The screen is drawn down to a secured position on the window ledge. Once Key secured, the window was able to be forced toward the pharmacy & hand access gained into any items below this area.</p> <p>Discussed this concern w/ the Replenish RPh & construction personnel. A 1/4 inch bolt will be installed into the window ledge to prevent access. The lamicide is approved as view & discussed on this date</p>
---	---

☐ PINK SHEET ISSUED FOR NUMBER(S): _____ DATE: _____

Brent J. Sipes DATE 6-14-99 Paul
PERSON IN CHARGE INSPECTOR

PHA-0610 (Rev. 12/97) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY GREEN - DISTRIBUTOR COPY PINK - INDIVIDUAL COPY

- 2 -

CHECK ONE:

YES	NO
	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	

Slot is provided for drop-in prescriptions.

Suitable notice of operating hours to public is posted.

Notice of emergency service is posted.

I, Brent Swipas, R.Ph./Owner, have been informed of and understand the following requirements:

- (1) No prescription item may be sold when the prescription department is closed.
- (2) No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
- (3) No prescription may be left outside the barricade for customer pick-up.
- (4) No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
- (5) No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Rules 4729-17-03 and 4729-17-07 of the Ohio Administrative Code.
- (6) Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
- (7) All dangerous drugs are to be stored within a barricaded area.

Brent Swipas
(Signature of R.Ph./Owner)

6.14.99 12:45 pm
(Date/Time)

I, Paula, COMPLIANCE AGENT, FIND THIS BARRICADE TO COMPLY WITH ALL REQUIREMENTS OF RULE 4729-9-11 OF THE OHIO ADMINISTRATIVE CODE.

COMMENTS:

(PLACE STORE STICKER HERE)

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT 1 2 2000

OHIO STATE BOARD OF PHARMACY; 77 S. HIGH ST., 17TH FLOOR; COLUMBUS, OHIO 43266-0320 - PHONE 614/466-4143; FAX 614/752-4836

TYPE: **02-0673750 F**
 DDD#: **02-0673750 F**
 NAME: **GIANT Eagle Pharmacy #1405**
 R.P.: **48 VIENNA AVE.**
 ADDR: **Niles, Ohio 44446**

CAT: **III** CLASS: **05**
 CNTY: **TRUMBULL**

PHONE (INCLUDE AREA CODE) **330-652-2158**
 TIME IN **1215 P.M.** TIME OUT **230 P.M.**
 TYPE **Retail chain** FED.# **BG2891693** EXP. DATE **9-02**
 HOURS OPEN **9-9** (DAILY) (SAT.) (SUN. & HOLIDAYS) **9-6**
 RESPONSIBLE PERSON **TODD M. TUTTLE** TITLE/I.D. NO. **03-3-19833** INIT. USED

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
Donald NADZAM		RPh 13366	Full Inspection		
Karna ANN Simerlink	INTERVIEW	06-0-00378			

1. LICENSING
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36. NON-REG DISPENSING
37. COUNSELING

- The Federal-State RPh licenses are current
- The pharmacy has two dispensing computers w/ PDX software. Records in-house - on line third party & HQ.
- The pharmacy has a full physical barricade w/ RPh only access & control. One service bay window with one access door. Gold Box relief RPh access to code & key. Additional hardware & wireless sensors incl alarm access by RPh # code.
- New Book current thru March of 2000 updates pending thru OCT, 2000 supply being sent by publisher
- Discussed record keeping requirements & security of drug/patient confidentiality as noted in 4729-S-27 OAC and 4729-9-02
- Reviewed original RX's -
- * **Note** - Telephone authorized prescriptions are required to have the Full Name of the Agent/Nurse

☐ PINK SHEET ISSUED FOR NUMBER(S):

DATE:

Todd M. Tuttle, RPh DATE **12-6-00**
 PERSON IN CHARGE

Pauline
 INSPECTOR

PHA-0610 (Rev. 12/97)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

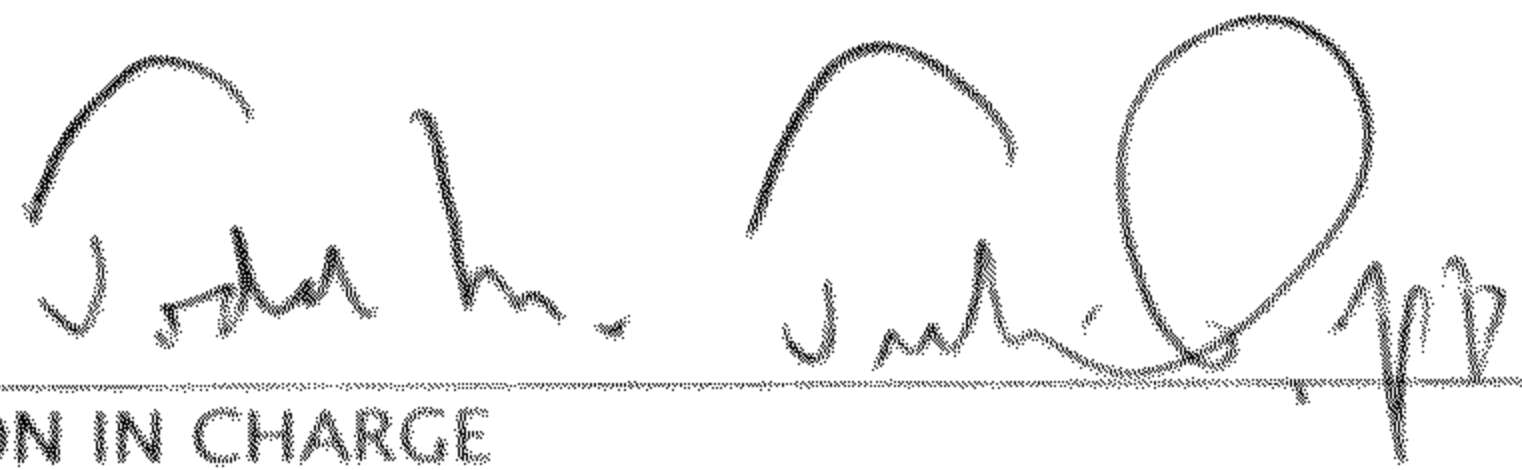

OHIO STATE BOARD OF PHARMACY; 77 S. HIGH ST., 17TH FLOOR; COLUMBUS, OHIO 43266-0320 - PHONE 614/466-4143; FAX 614/752-4836

TYPE: DDD#: 02-0673750 NAME: R.P.: ADDR:	Pg. 2	PHONE (INCLUDE AREA CODE)	TIME IN	A.M. P.M.	TIME OUT	A.M. P.M.	
		TYPE		FED.#		EXP. DATE	
		HOURS OPEN		(DAILY)	(SAT.)	(SUN. & HOLIDAYS)	
		RESPONSIBLE PERSON		TITLE/I.D. NO.		INIT. USED	
CAT: CNTY:	CLASS:						

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT USED	TITLE/ I.D. NO.

<div>1. LICENSING</div> <div>2. I.D. CARDS</div> <div>3. RECORD SYSTEM</div> <div>4. BARRICADE</div> <div>5. MIN. STANDARDS</div> <div>6. SECURITY</div> <div>7. LIBRARY</div> <div>8. CLEANLINESS</div> <div>9. REFRIGERATION</div> <div>10. ACCOUNTABILITY</div> <div>11. IMPROPER DISPENSING</div> <div>12. INSUFFICIENT SUPERVISION</div> <div>13. INVENTORY RECORDS</div> <div>14. DRUG DESTRUCTION</div> <div>15. ILLEGAL SALES</div> <div>16. ILLEGAL PURCHASES</div> <div>17. SAMPLES</div> <div>18. NON-REG COMPOUNDING</div> <div>19. Rx BLANKS</div> <div>20. IMPROPER Rx'S</div> <div>21. OUTDATED DRUGS</div> <div>22. DRUG LABELS</div> <div>23. Rx INFORMATION</div> <div>24. OTC/SYRINGES</div> <div>25. GENERIC MFG.</div> <div>26. Rx FILES</div> <div>27. Rx COPIES</div> <div>28. Rx INT/DATE</div> <div>29. DEA INVENTORY</div> <div>30. PHONED SCH II Rx</div> <div>31. REFILLS - 6MO/5X</div> <div>32. REFILLS - INT/DATE</div> <div>33. REFILLS - UA</div> <div>34. EMERGENCY KIT</div> <div>35. CONTINGENCY KIT</div> <div>36. NON-REG DISPENSING</div> <div>37. COUNSELING</div>	<p>written on the original Rx. See 4729-5-30(K)</p> <p>The telephone prescriptions reviewed had many completed with the Full Name but others dispensed by the same RPh did not. Be consistent with your documentation.</p> <p>- Rx information as required for dispensing is being computer label prepared with necessary compliance data, including the patient address.</p> <p>- Pharmacist's make very good original Rx documentation on prescriber contacts & patient concerns.</p> <p>- Reviewed Computer prepared daily run reports to original Rx filed prescriptions.</p> <p>- Rx series 2-4-6-8 million series for filing.</p> <p>- Reviewed drug stock shelves.</p>
--	---

☐ PINK SHEET ISSUED FOR NUMBER(S): _____ DATE: _____

	DATE 12-6-00	
PERSON IN CHARGE		INSPECTOR

PHA-0610 (Rev. 12/97) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY GREEN - DISTRIBUTOR COPY PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY; 77 S. HIGH ST., 17TH FLOOR; COLUMBUS, OHIO 43266-0320 - PHONE 614/466-4143; FAX 614/752-4836

TYPE:
 DDD#: **02-0673750**
 NAME:
 R.P.:
 ADDR:

PHONE (INCLUDE AREA CODE)

TIME
INA.M.
P.M.TIME
OUTA.M.
P.M.

TYPE

FED.#

EXP. DATE

HOURS
OPEN

(DAILY)

(SAT.)

(SUN. & HOLIDAYS)

RESPONSIBLE PERSON

TITLE/I.D. NO.

INIT. USED

CAT: CLASS:
 CNTY:

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT USED	TITLE/ I.D. NO.

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
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32. REFILLS - INT/DATE
33. REFILLS - UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

- (37) Note - reviewed Counseling record book for the period 11-2-00 thru 11-20-00. It appears that during certain RPh shifts the counseling log is well documented for the ✓ mark section on "NO counseling" or "have been counseled". See 4729-5-22 OAC for compliance review.

Wholesaler - McKesson HBC

Rx Daily - 1500 to 1700 weekly

- RPh T. Tuttle completed a change of RxPharm inventory on 8-18-2000 as opening of Business
 Prior Biennial inventory 5-7-99 Close of Business.

- Pharmacy maintains a well documented C-II perpetual log.

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

DATE: _____

[Signature] DATE 12-6-00
 PERSON IN CHARGE

[Signature]
 INSPECTOR

PHA-0610 (Rev. 12/97)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

14-2077

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, RM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 02-0673750- NAME: GIANT EAGLE PHARMACY #1405 R.P.: JOHN JUDIN RPH ADDR: 48 VIENNA AVENUE NILES, OHIO 44846 CAT: III CLASS: RTPC CNTY: ARUNBULL	AREA CODE / TELEPHONE NUMBER 330-652-2158 TIME IN 150 AM TIME OUT 3:30 PM TYPE CMTN PHCY FED. # B62891693 EXP. DATE 9-30-17 HOURS OPEN 9-9 FAX NUMBER EMAIL FEB 27 2015
---	--

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
Jonathan Bowman	RPH	03328708	John Judin RPH	03-2-25114	
Jeffrey High RPH		03-2-26354			
John Simerlink RPH		19365			

1. LICENSING
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30. PHONED C-II Rx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☐ Partial ☒

Partial inspection this day.

RPH RPH failed to catch a technician data entry error for Rx 6730811 on 4-14-14. Directions of ONE TABLET daily for 12 days was typed as one tablet every 12 hours.

The computer system does not bring up the image of the original Rx on refills for this particular prescription, so refills were dispensed incorrectly on 4 more dispensing based on the original data entry.

Issue resolved with corrective action as noted below. Pharmacist & Tech is no longer employed at this store.

☒ PINK SHEET ISSUED FOR NUMBER(S): 11

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.


 SIGNATURE OF PERSON IN CHARGE
2/19/15
DATE

 SIGNATURE OF INSPECTOR
2-19-15
DATE

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

CASE?
FILE
JLW
3/11/15

015 14 037

1
2
3

1
2
3

1
2
3



Giant Eagle, Inc.

101 Kappa Drive, RIDC Park • Pittsburgh, Pennsylvania 15238 • Phone 412.963.6200 • GiantEagle.com

3/2/2015

Ohio State Board of Pharmacy
77 South High Street
Room 1702
Columbus, OH 43215

To Whom It May Concern:

The following is the detailed response to the identified item on the Board inspection of Giant Eagle Pharmacy #1405, TDDD# 020673750, on February 19, 2015.

Board finding: "RPh RP failed to check technician data entry error for RX 6730811 on 04/14/14. Directions of one tablet daily for 12 days was dispensed as one tablet every 12 hours. The computer system does not bring up the image of the original RX on refills for this particular prescription, so refills were dispensed incorrectly on 4 more dispensings based on the original data entry.

Please respond with corrective action as listed below. Pharmacist and technician are no longer employed at this store."

Pharmacy response:

The pharmacist has been removed from Giant Eagle Pharmacy #1405, TDDD #020673750, and reassigned to a location better suited to his skills and abilities. Additionally, the pharmacist has been required to participate in two intensive quality-focused programs provided by Giant Eagle, Inc. .

The technician is no longer employed by Giant Eagle, Inc.

Please contact me if you have any further questions.

Respectfully,

A handwritten signature in dark ink, appearing to read "John Judin, Jr.", written in a cursive style.

John Judin, Jr., R.Ph.
Pharmacy Team Leader
Giant Eagle Pharmacy #1405

Actos Construction Company • American Seaway Foods • Butler Refrigerated Meats, Inc. • Giant Eagle Markets Company • Good Nature
Distributing Company, Inc.

HBC Service Company • OK Grocery Company • Retail Markets Company • Retail Promotions, Inc. • Riser Foods Company
Talon Logistics, Inc. • The Tamarkin Company • Tri State Automated Storage

2015 MAR 11 AM 10: 32
RECEIVED
OHIO BOARD OF PHARMACY

515498

14-2077

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, RM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:

DDD#: 02-0672750

NAME:

R.P.:

ADDR:

JOHN JUDIN PH
48 VIENNA AVENUE
NILES, OHIO 44136

CAT: II

CNTY: COLUMBIA

CLASS:

RTPC

AREA CODE / TELEPHONE NUMBER

330-652-2158

TIME IN

1:30

AM

P.M.

TIME OUT

3:30

AM

P.M.

TYPE

PHARMACY

FED. #

B62891673

EXP. DATE

9-30-17

HOURS
OPEN

9-7

FAX NUMBER

EMAIL

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

Jonathan Bowman

RPH

03328708

John Judin PH

0-2-25114

Jeffrey Hersh RPH

RPH

03-2-26354

John Simon RPH

RPH

19365

1. LICENSING
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32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☐Partial ☒

- Partial inspection this day.

- RPH RP failed to catch a technician data entry error for R 630811 on 4-14-14. Directions of TM TABLET daily for 13 days was RPH-RPH tablet every 12 hours.

The computer system did not bring up the image of the original Rx on refills for this particular prescription, so refills were dispensed incorrectly on 4 more dispenses based on the original data entry.

- Please report with corrective action as noted below. Pharmacist is no longer employed at this store.

☒ PINK SHEET ISSUED FOR NUMBER(S): 11

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE

DATE

SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

OK - COPY TO
SPECIALIST
3/11/15
JW



State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126

(614) 466-4143 | Fax (614) 752-4836 | <http://www.pharmacy.ohio.gov>

License 020673750

Giant Eagle Pharmacy #1405

48 Vienna Avenue

Niles, OH 44446

Trumbull County

Terminal - Pharmacy - Category 3

Retail Pharmacy Inspection

September 17, 2018



License 020673750 - Giant Eagle Pharmacy #1405

Full

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836
<http://www.pharmacy.ohio.gov>

Completed by Ginger Varone
Start 9/17/2018 9:41 AM
End 9/17/2018 12:54 PM

Organization

Name Giant Eagle Pharmacy #1405	License Type Terminal - Pharmacy - Category 3	Category
License Number 020673750	Business Type IL - Large Chain Retail (12+ Outlets)	DEA Number BG2891693
Responsible Person John Stephen Judin, JR, RPH	Hours of Operation Mon thru Fri 9am to 9pm Sat 9am to 7pm Sun 9am to 5pm	

Contact

Address 48 Vienna Avenue Niles, OH 44446 Trumbull County	Primary Number (330) 652-2158	Fax Number (330) 652-1260	Website
--	---	-------------------------------------	----------------

Personnel

<u>Name</u>	<u>Initials</u>	<u>Position</u>	<u>I.D. No.</u>	<u>Phone</u>	<u>Email</u>
Jonathan Michael Bowman, RPH		Pharmacist	03328708	(330) 637-3760	jmbowman7@gmail.com
Tana Renee Cathcart		Registered Pharmacy Technician	09203000	(814) 573-6557	tanac333@gmail.com
Tamatha M Futchko		Registered Pharmacy Technician	09204963	(330) 307-9948	t.futchko@gmail.com
Heather Marie Judin, RPH		Pharmacist	03127563	(614) 975-8901	hjudin@icloud.com
John Stephen Judin, JR, RPH		Pharmacist	03225114	(614) 353-6318	judin.1@osu.edu
Scott Allen Petzak		Registered Pharmacy Technician	09202029	(330) 979-7491	spetzak@hotmail.com
Shannon Reep		Registered Pharmacy Technician	09204033	(330) 889-3400	shannon.reep@gmail.com

1.1) SOBP License

1) Is the pharmacy TDDD license readily retrievable for inspection?

Yes

2) Is the Pharmacy TDDD license current and up to date?

Yes

3) Has the pharmacy TDDD license been signed by the Responsible Pharmacist?

Yes

4) Have any changes in the pharmacy's ownership, business name, category, or address occurred without notification to the Board of Pharmacy?

No

Observation

Not Applicable

5) Additional findings regarding SOBP License?

No

1.2) Responsible Person

1) Is there a current Responsible Person for the TDDD license?

Yes

2) Have changes in the pharmacy's "Responsible Person" been properly reported to the SOBP?

Yes

Observation

New Responsible Person effective 11-24-2014 per licensing system

3) Additional findings regarding Responsible Person?

No

1.3) DEA Certificate

1) Is the pharmacy's DEA certificate current?

Yes

Observation

Exp 9/30/20

2) Is the pharmacy's DEA certificate posted for inspection?

Yes

3) Additional findings regarding DEA Certificate?

No

2.1) Record Availability

1) Can the pharmacy produce a detailed patient profile for the past 12 months immediately upon request?

Yes

2) Can the pharmacy produce three (3) years of dispensing records within three (3) business days?

Yes

2.3.1) Basic Questions Pertaining to the Dispensing Software

1) What is the name of the Dispensing software being used by the pharmacy?

Observation

EPS2 2018.03

2) What is the current version of the Dispensing Software?

Observation

EPS2 2018.03

3) Is the dispensing software pharmacy owned, or provided by a third-party vendor?

Third-party vendor

2.3.2) Purged Dispensing Data**1) Has the pharmacy PURGED required records?**

No required data has been purged within the past three (3) years.

3) Does the pharmacy backup its dispensing software?

Yes

2.3.3) Stand Alone System**1) Is the dispensing software a "Stand Alone" system maintained at the licensed pharmacy?**

No

3) Are there any dispensing terminals outside the pharmacy barricade?

No

4) Can access to dispensing data, and/or dispensing functions, be made from any location outside the pharmacy barricade?

No

2.3.4) Shared Dispensing Software**1) Is the shared dispensing software "a real time online system", and used for the review and transfer of dispensing data?**

Yes

Observation

Yes

2) Does the pharmacy's real time online system prevent a patient from receiving more dispensings than authorized by the original prescription?

Yes

3.1) Physical Barricade**1) Does the pharmacy have a fully enclosed barricade or an open air barricade?**

Fully Enclosed Barricade

Observation

Barricade is a pulled gate secured by floor pins. Walls extend to ceiling according to Pharmacist. No outside doors allow entrance into the pharmacist. Does have alarm system.

2) Are adequate locks provided for the pharmacy barricade?

Yes

3) Are all of the keys (except for floater keys) to the pharmacy barricade under pharmacist control?

Yes

4) If the pharmacy has the "floater" keys, are they secure and tamper evident?

Yes

5) Does the Responsible Pharmacist routinely check the floater key to ensure continual security and tamper evidence?

Yes

6) When in use, does the pharmacy barricade secure all items requiring pharmacist supervision?

Yes

7) When the barricade is in use can the pharmacy be entered without making obvious damage to the barricade?

No

8) Was the barricade, or changes to the barricade, put into use before receiving Board of Pharmacy approval?

No

9) When the pharmacy is closed, do any non-pharmacist personnel have access to any items, products, or equipment stored within the pharmacy barricade?

No

10) Does the pharmacy have a "drop box" where new prescription and/or refill prescription orders can be deposited when no pharmacist is present?

No

3.2) Electronic Barricade**1) Was the pharmacy alarm tested during this inspection?**

No

2) Who owns the pharmacy alarm system?

The Alarm company

3) Who monitors the pharmacy alarm and what is their phone number?Observation

Private alarm company.

4) Does anyone other than a pharmacist have the code or the key to the alarm system?

No

5) Does each pharmacist have their own individualized alarm code?

Yes

6) Who assigns and/or deactivates the alarm codes when necessary?Observation

Corporate

7) Do the alarm codes get changed every so many days or do they always stay the same?Observation

Always stay the same.

8) Is the alarm a hard wired alarm, wireless, or both?

Wireless system using a cellular transmitter.

9) Does the alarm detect entry into the pharmacy?

Yes

10) Can the alarm system be bypassed when in use?

No

11) Does the pharmacy have documentation on alarm testing?

No

Observation

Pharmacist on duty stated alarm is tested approximately every 3 months.

4) *Minimum Standards***1) Is the phone number for poison control readily accessible in the pharmacy?**

Yes

2) Does the pharmacy have the proper equipment to conduct the practice of pharmacy?

Yes

3) Does the pharmacy have enough drug stock fill most prescription requests?

Yes

4) Does the pharmacy have the containers necessary to dispense a variety of medication types and sizes?

Yes

5) Is there adequate space and fixtures within the pharmacy barricade to effectively operate a retail pharmacy?

Yes

6) Are the pharmacy operating hours posted in plain view for the public to see?

Yes

7) Is there evidence to indicate a problem with staffing levels?

No

Observation

2 pharmacists and 4 technicians are currently on duty at the time of the inspection.

8) Are the pharmacy employees wearing name tags with their job title?

Yes

5) *Security***1) Is the security of the pharmacy drug stock adequate to detect and deter drug theft and diversion?**

Yes

2) Are all of the pharmacy's drug stocks kept within the pharmacy barricade?

Yes

3) Are all records of accountability that are stored outside of the pharmacy barricade but within the same physical location secure and tamper evident?

Yes

Observation

Records are stored in a fenced in barricade. Recommended to make boxes tamper evident. Fenced in barricade is secured with key lock.

4) Does the Pharmacy have an off site facility for the storage of records of accountability?

No, all records are stored at the same physical location as the pharmacy.

5) Has the pharmacy experienced any drug thefts or losses in the last three (3) years?

No

6) Drug Theft or Loss StatementObservation

Any theft or loss of dangerous drugs must be reported by law to the Ohio State Board of Pharmacy and local law enforcement immediately upon discovery. Notify the DEA if controlled substances were involved. Theft or loss must be reported verbally to the Ohio State Board of Pharmacy (614-466-4143) or a local Pharmacy Board Employee immediately upon discovery and in writing to the Ohio State Board of Pharmacy (dea106reporting@pharmacy.ohio.gov) within 30 days of the discovery of the theft or loss.

6) Library**1) Does the pharmacy have an up to date "Drug Laws of Ohio" book, or an online resource to access the required information?**

Yes

2) Does the pharmacist have access to the paper/electronic references necessary to appropriately practice pharmacy?

Yes

7) *Cleanliness***1) Is the pharmacy clean and well lit?**

Yes

8) *Refrigeration***1) Are all pharmacy refrigerators and/or freezers in good working order with an adequate system in place to ensure that the medications stored within are stored at appropriate temperatures?**

Yes

Observation

Done through computer software.

9.1) Drug Ordering Procedeures**1) Is the pharmacy using paper DEA-222 order forms, or are they using an electronic DEA-222 ordering system being used?**

Electronic DEA-222 ordering system is being used.

9.2) Executed paper DEA-222 forms**2) Are the blank DEA-222 forms being signed prior to being used?**

No

9.3) Electronic C-II drug order receipt**1) When using an electronic drug ordering system, is the pharmacy creating a record of receipt that is electronically linked to the original order?**

Yes

9.4) Wholesale information**1) Who are the wholesale drug distributors utilized by this pharmacy?**Observation

Giant Eagle, Cardinal Health and Anda.

10) Improper Dispensings**1) Is there evidence to indicate that a prescription has been dispensed improperly?**

No

2) Are the pharmacist performing a prospective Drug Utilization Review?

Yes

3) Is the pharmacy using the correct NDC number when dispensing drugs?

Yes

11) *Insufficient Supervision***1) Is there pharmacist supervision of the dangerous drugs and other pharmacy employees at all times while the pharmacy is open and operating?**

Yes

2) Are only pharmacists performing tasks requiring professional judgment?

Yes

12) *Inventory Records***1) Are all records and invoices pertaining to the pharmacy's drug stock on hand for review?**

Yes

2) Does the pharmacy keep a perpetual C-II drug inventory?

Yes, the pharmacy keeps a perpetual C-II drug inventory and it appears to be accurate.

Observation

Did random count of three different medications and counts appeared to be accurate. Pill count is located on outside of the bottle as well as in the computer system.

13) Drug Destruction**1) Has the pharmacy complied with OAC 4729-9-06 in order to destroy controlled substances?**

Yes

Observation

Uses reverse distributor Med Turn in Fort Worth, Texas.

2) Does the pharmacy have dangerous drugs to be destroyed?

Yes

14) Illegal Sales**1) Is the Pharmacy making occasional wholesale drug sales?**

No, they are not making any wholesale drug sales pursuant to 4729-9-10.

2) Have any drugs that were returned to stock been returned to the pharmacy stock bottles?

No

Observation

None Found.

15) Illegal Purchases**1) Verify Licenses of Distributors/Wholesalers**

Yes

16) Samples**1) Is there any evidence of prescription drug samples in the pharmacy?**

No

Observation

No prescription drug samples found.

17.1) DUR software**1) Does the pharmacist rely solely on the dispensing software to perform the DUR for prescription dispensing?**

No

Observation

Checking OARRS when applicable. OARRS is not yet integrated into system.

20) *Outdated Drugs***1) Are there expired medications within the pharmacy's active drug stock?**

No

2) Are the known expired drugs segregated from the pharmacy drug stock?

Yes

21) Drug Labels**1) Are the pharmacy prescription labels in compliance with OAC 4729-5-16?**

Yes

22.2) DEA Number**1) Is the prescriber's DEA registration number written or pre-printed on all controlled substance prescriptions?**

Yes

22.3) Prescription refills**1) Are the prescribers specifying the number of refills or the period of time for which the prescription may be refilled?**

Yes

22.5) Prescriber's Agent**1) Is the first and last name of the prescriber's Agent written on phoned in prescriptions when applicable?**

Yes

23) OTC's & Syringes**1) Does the pharmacy store over the counter medications within the pharmacy barricade?**

Yes

2) Are syringes stored in the pharmacy and kept out of obvious public view?

Yes

24.3) Repackaging**1) Is the pharmacy pre-packaging medications (non-patient specific) prior to dispensing?**

No

25) Prescription Files**1) Are the prescriptions dispensed by the pharmacy being filed in three separate files?**

Yes

2) Are the prescription files in good order and are prescriptions being filed in a timely manner?

Yes

26.3) Shared Databases**1) If prescription information is being transferred between pharmacies using the same database, are the prescriptions being transferred pursuant to 4729-5-24 (B)?**

Yes

27) Rx's Initialed & Dated**1) Are pharmacists initialing and dating prescriptions when required?**

No

Observation

They have been approved for paperless positive ID.

28) *Annual Drug Inventory***1) Has an annual drug inventory been completed within the specified time period?**

Yes

Observation

May 1st, 2018 was last inventory, done at store closing.

29.1) Phoned in/oral prescriptions**1) Are only pharmacists and supervised pharmacy interns taking oral prescriptions?**

Yes

29.2) Oral prescriptions reduced to writing**1) Are all oral prescriptions being reduced to writing and contain the required information?**

Yes

30) Refills (6 months & 5 times)**1) Is the pharmacy refilling prescriptions for schedule III and IV drugs beyond six (6) months or five (5) times?**

No

31) Refills (Initialed & Dated)**1) Are pharmacists signing daily printouts (or properly completing bound refill log book), to properly take accountability for refill dispensings?**

No

Observation

Approved positive ID paperless.

32) Unauthorized Refills**1) Does the number of refills entered into the ARKS match the number of refills written or printed on the original prescription?**

Yes

33.2) Protocols for administering immunizations**1) Does the Pharmacy have an approved immunization administration protocol in place?**

Yes

Observation

Signed Dr. Richard Clark, revised 5/31/18

33.5) Record keeping requirements**1) Are immunization records properly maintained?**

Yes

34.1) Pharmacy Interns**1) Does the pharmacy currently employ pharmacy Interns?**

No

35) *Qualified Pharmacy Technicians (QPT)***1) Does anyone other than a pharmacist, pharmacy intern, or Qualified Pharmacy Technician package, label, or compound dangerous drugs while working in the pharmacy?**

No

Observation

All pharmacy technicians hold proper registration with the State of Ohio Board of Pharmacy

2) Do all Qualified Pharmacy Technicians meet the minimum standards set forth in OAC 4729-4-02 and 4729-4-03?

Yes

Observation

All registered as required

3) Have criminal records checks been performed on all pharmacy technicians intending to perform qualified tech duties?

Yes

Observation

All registered as required

4) Are Qualified Tech's BCI & FBI background checks available for review?

No

Observation***Not requested during inspection***

36) Counseling**1) Is Patient counseling being offered with every prescription?**

Yes

37) Pseudoephedrine Sales**1) Is the pharmacy selling more than nine (9) grams of pseudoephedrine to any individual per 30 days?**

No

Observation

POS system regulates sales.

38) *OARRS***1) Does the pharmacist have access to OARRS to request reports when needed?**

Yes

2) Are the pharmacists requesting OARRS reports when appropriate?

Yes

3) Are any of the Pharmacists using delegates to request OARRS reports?

No

39) Confidentiality**1) Are there any known issues pertaining to patient confidentiality?**

No

41) Points of Emphasis**1) The below listed items are some select points to remember while overseeing and conducting the practice of pharmacy.**Observation

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.

44) OSBP Personnel**1) The following OSBP personnel were present during this inspection.**Observation

Northeast Agent Ely provided documentation within this inspection report

45) Inspection Affirmation**1) Inspection Affirmation**Observation

As the on-duty pharmacist, at the time of this inspection, I affirm that I have reviewed this inspection report with the Specialist/Agent/Inspector, and understand its content. If this inspection report requires a written response of corrective action, the response shall be provided to the Ohio State Board of Pharmacy within 30 days of this inspection. I understand that if I am not the Responsible Person documented on this site's Ohio TDDD license, I will ensure the Responsible Person is notified of this inspection report and any corrective actions required. Responses can be emailed (with a copy of the inspection report) to writtenresponse@pharmacy.ohio.gov or they may be mailed to 77 South High Street, 17th Floor, Columbus, Ohio 43215.


License 020673750 - Giant Eagle Pharmacy #1405

Page: 11 of 11

Summary

No Issue Found

Reviewed by John Stephen Judin, JR, RPH



(signature)

Printed: 9/17/2018 12:50 PM

Page: 11 of 11

Highly Confidential Subject to Protective
Order

BOP_MDL2796389

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, RM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: <u>TDD</u> DDD#: <u>020825300</u> NAME: <u>Giant Eagle Pharmacy #1419</u> R.P.: <u>Linda Rhodes (R.Ph.)</u> ADDR: <u>2061 Elm Rd.</u> <u>Warren, Ohio 44483</u>			AREA CODE / TELEPHONE NUMBER <u>(330) 372 7003</u>		TIME IN <u>2:45</u> <u>PM</u>		TIME OUT <u>4:15</u> <u>PM</u>	
CAT: <u>III</u> CNTY: <u>(18) Trumbull</u>			TYPE <u>Retail Chain</u>		FED. # <u>BG4325634</u>		EXP. DATE <u>09-30-2017</u>	
CLASS: <u>OS</u>			HOURS OPEN <u>Mon-Fri</u> <u>9A-9P</u>		<u>SAT</u> <u>9A-7P</u>		<u>SUN</u> <u>9A-5P</u>	
FAX NUMBER <u>(330) 372 7818</u>			EMAIL					

PERSONNEL	INIT. USED	TITLE / I.D. NO.	PERSONNEL	INIT. USED	TITLE / I.D. NO.
<u>Barbara S. Carlson (R.Ph.)</u>		<u>03215659</u>	OHIO PHARMACY BOARD		
<u>Roy W. Palumbo (R.Ph.)</u>		<u>03230118</u>	DEC 12 2014		
<u>Linda Rhodes (R.Ph.)</u>		<u>14326</u>			

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
20. IMPROPER RX'S
21. OUTDATED DRUGS
22. DRUG LABELS
23. RX INFORMATION
24. OTC/SYRINGES
26. RX FILES
27. RX COPIES
28. RX INT/DATE
29. DEA INVENTORY
30. PHONED C-II RX
31. REFILLS-6MO/SX
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☒ Partial ☐

1. State and Federal licenses are current and posted
2. R.Ph. Carlson and Palumbo have valid I.D. Cards
3. Computer Software used at this location is Enter Price Pharmacy System (EPS) version 2.5.08.009 Build 2508,89 8 terminals are maintained for data functions, As reviewed daily logs are maintained in good order labeled as Daily log report, DUA override, and R.Ph. Counseling report. These logs contain positive I.D. of Practicing R.Ph.'s A patient profile can be obtained immediately upon request going back 3+ years.
4. Barricade inspection conducted this date Physical barricade approved.

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE	<u>12/5/14</u> DATE	SIGNATURE OF INSPECTOR	<u>12/09/14</u> DATE
-------------------------------	------------------------	------------------------	-------------------------

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

OHIO PHARMACY BOARD

DEC 1 2 2014

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, RM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143, FAX 614-752-4836

TYPE: DDD#: 020825300 NAME: Giant Eagle Pharmacy #1419 R.P.: ADDR:			AREA CODE / TELEPHONE NUMBER TIME IN A.M. P.M.		TIME OUT A.M. P.M.	
CAT: CNTY: Trumbull			TYPE FED. #		EXP DATE	
CLASS:			HOURS OPEN			
Py 2			FAX NUMBER		EMAIL	



PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

<ol style="list-style-type: none"> 1. LICENSING 2. I.D. CARDS 3. RECORD SYSTEM 4. BARRICADE 5. MIN. STANDARDS 6. SECURITY 7. LIBRARY 8. CLEANLINESS 9. REFRIGERATION 10. ACCOUNTABILITY 11. IMPROPER DISPENSING 12. INSUFFICIENT SUPERVISION 13. INVENTORY RECORDS 14. DRUG DESTRUCTION 15. ILLEGAL SALES 16. ILLEGAL PURCHASES 17. SAMPLES 20. IMPROPER Rx's 21. OUTDATED DRUGS 22. DRUG LABELS 23. Rx INFORMATION 24. OTC/SYRINGES 26. Rx FILES 27. Rx COPIES 28. Rx INT/DATE 29. DEA INVENTORY 30. PHONED C-II Rx 31. REFILLS-6MO/SX 32. REFILLS-INT/DATE 33. REFILLS-UA 37. COUNSELING 38. PSE SALES 39. OARRS 40. CONFIDENTIALITY 	<p>5. minimum standards met</p> <p>6. The theft of drugs is a felony and must be reported to the Ohio State Board of Pharmacy immediately upon discovery via telephone. If a controlled substance is involved the DEA must be notified. No criminal offenses have been reported at this location in the past 12 months.</p> <p>7. State and Federal laws (OAC OAC & CFR) can be accessed by way of the internet.</p> <p>8. OK 9. OK</p> <p>10. DEA 222 forms are manually completed and maintained in good order attached to wholesaler invoices.</p> <p>A C-II Appraisal log book is maintained and reviewed</p>
--	---

Full ☐ Partial ☐

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

 SIGNATURE OF PERSON IN CHARGE	12/5/14 DATE	 SIGNATURE OF INSPECTOR	12/5/14 DATE
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PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, RM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 620825300 NAME: Giant Eagle IIHA R.P.: ADDR: CAT: CLASS: CNTY: Township			AREA CODE / TELEPHONE NUMBER TYPE FED. # HOURS OPEN FAX NUMBER EMAIL		TIME IN AM P.M. EXP. DATE	TIME OUT A.M. P.M.
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PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

Pg 3

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
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32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☐ Partial ☐

21. Drug Stock reviewed for outdates. Also reviewed
 Return to Stock Procedure.

23. C-II - V Rx Files reviewed this date. As reviewed
 Rx's are manually Initialed, contain Alpha Numeric
 format documented appropriately, and call in Rx's
 contain first and last name of the prescribers agent.

26. A 3-Part Rx Filling System is in place

29. Most recent Controlled Substance inventory,
 Conducted on 11/17/2014, prior to the opening of
 business by R.A. Pakumbi (upon change in responsible person)

39. R.A. Pakumbi and Carter are registered and able to use
 whole Salaries used: McKesson &

Average daily Rx's = 400 about 50% are refill Rx's

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

 12/5/14
 SIGNATURE OF PERSON IN CHARGE DATE

 12/03/14
 SIGNATURE OF INSPECTOR DATE

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: 12/05/2014	T.D.D.D. #: 020825300
BOARD AGENT: John Bonish	D.E.A. #: BG4325634

YES NO (Place an X on the appropriate line for each statement below)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- ☒ ☐ Key in ~~sealed envelope~~ in safe. *that only R.Ph.'s can access*
- ☒ ☐ All items requiring R.Ph. supervision are inside barricade.
- ☒ ☐ Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- ☒ ☐ Minimum of seven (7) feet in height.
- ☒ ☐ Fully enclosed.
- ☒ ☐ Suitable locks are provided.
- ☒ ☐ Prescription department cannot be entered when locked without obvious damage to barricade.
- ☒ ☐ No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

ELECTRONICS: *Act as a back up to the physical Barricade that is tamper evident*

- ☐ ☐ This is a company-owned system.
If no, leased from who? _____
- ☐ ☐ This is a ☐ HARDWIRE / ☐ WIRELESS / ☐ BOTH system. (check one)
- ☐ ☐ There is a functional emergency "hold up" button.
- ☐ ☐ System is in operation at all times when R.Ph. is not present.
- ☐ ☐ Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?

- ☐ ☒ Only pharmacists possess access code to prescription room.
- ☐ ☒ System was tested this date. Date system was last tested? _____
- ☒ ☒ Slot is provided for drop-in prescriptions.
- ☒ ☐ Suitable notice of operating hours to public is posted.
- ☒ ☐ Notice of emergency service is posted.

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:**I have been informed of and understand the following requirements:**

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.

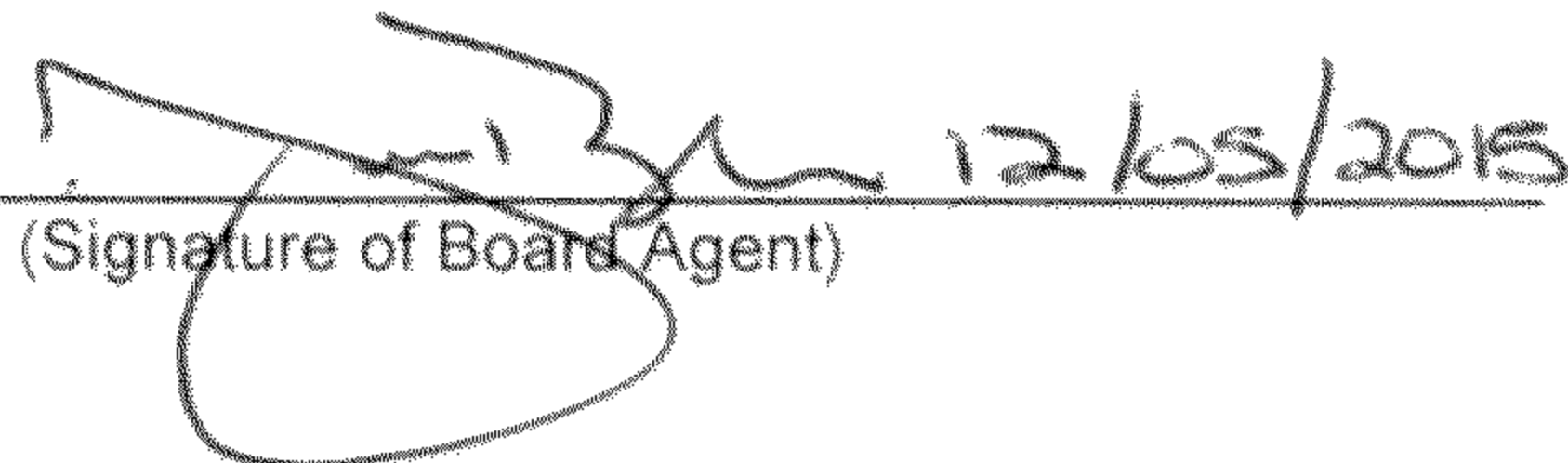


(Signature of R.Ph./Owner)

12/5/14 4:15 pm
(Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:



(Signature of Board Agent)

Agent
(Title)

Comments:



State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126

(614) 466-4143 | Fax (614) 752-4836 | <http://www.pharmacy.ohio.gov>

License 020825300

Giant Eagle Pharmacy #1419

2061 Elm Road
Warren, OH 44483
Trumbull County

Retail Pharmacy-Large Chain

Category Three

Barricade Inspection

May 23, 2017



License 020825300 - Giant Eagle Pharmacy #1419

Full

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836
<http://www.pharmacy.ohio.gov>

Completed by Agent William DiFrangia
Start 5/23/2017 12:05 PM
End 5/23/2017 1:30 PM

Organization

Name Giant Eagle Pharmacy #1419	License Type Retail Pharmacy-Large Chain	Category Category Three
License Number 020825300	Business Type Large Chain Pharmacy - 12 or More Outlets	DEA Number BG4325634
Responsible Person	Hours of Operation M-F 9a-9p Sat 9a-7p Sun 9a-5p	

Contact

Address 2061 Elm Road Warren, OH 44483 Trumbull County	Primary Number (330) 372-7003	Fax Number (330) 372-7818	Website
--	---	-------------------------------------	----------------

Personnel

<u>Name</u>	<u>Initials</u>	<u>Position</u>	<u>I.D. No.</u>	<u>Phone</u>	<u>Email</u>
Barbara Susan Carlson, RPH			03215659	(330) 638-4247	barbcarl0223@aol.com
Kellie Cleland	RPH	Pharmacist	03326812		

1) Physical barricade

2) Does the pharmacy have a fully enclosed barricade or an open air barricade?

Fully enclosed barricade

3) Are adequate locks provided for the pharmacy barricade?

Yes

4) Are all of the keys (except for floater keys) to the pharmacy barricade under pharmacist control?

Yes

5) If the pharmacy has the "floater" keys, are they secure and tamper evident?

Yes

6) When in use, does the pharmacy barricade secure all items requiring pharmacist supervision?

Yes

7) When the barricade is in use can the pharmacy be entered without making obvious damage to the barricade?

No

8) Was the barricade put into use before receiving Board of Pharmacy approval?

Yes

Observation

Giant Eagle #1419 was the victim of a possible breaking and entering during May of 2017. Suspect opened an unlocked man door on the roof of an adjoining business. Ultimately caused ceiling tiles dropped in the pharmacy. A portion of the suspended ceiling was accessible through an upstairs, unfinished hallway which is approximately 4 feet above the pharmacy ceiling. Upgrades have been made to the roof top exterior door and the unfinished walls were finished. Giant Eagle representatives reached out to SOBP and advised of the changes prior to this inspection.

9) When the pharmacy is closed, do any non-pharmacist personnel have access to any items, products, or equipment stored within the pharmacy barricade?

No

10) Does the pharmacy have a "drop box" where new prescription and/or refill prescription orders can be deposited when no pharmacist is present?

No

2) Electronic barricade**1) Who owns the pharmacy alarm system?**

The pharmacy.

Observation

State Alarm

2) Who monitors the pharmacy alarm and what is their phone number?

Observation

State Alarm 1-800-388-9264

3) Does anyone other than a pharmacist have the code or the key to the alarm system?

No

Observation

No issues found.

4) Does each pharmacist have their own individualized alarm code?

Yes

5) Is the alarm a hard wired alarm, wireless, or both?

Hard wired.

6) Does the alarm detect entry into the pharmacy?

Yes

Observation

No issues found.

7) Can the alarm system be bypassed when in use?

No

Observation

No issues found.

8) Was the pharmacy alarm tested during this inspection?

The pharmacy alarm was not tested on this date. Document the date it was last tested.

3) RPh/Owner Statement of Understanding**1) I have been informed of and understand the following requirements:**

Observation

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.

Summary

No Issue Found

Reviewed by Kellie Cleland



(signature)



State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126

(614) 466-4143 | Fax (614) 752-4836 | <http://www.pharmacy.ohio.gov>

License 020825300

Giant Eagle Pharmacy #1419

2061 Elm Road
Warren, OH 44483
Trumbull County

Terminal - Pharmacy - Category 3

Retail Pharmacy Inspection

December 18, 2018



License 020825300 - Giant Eagle Pharmacy #1419

Full

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836
<http://www.pharmacy.ohio.gov>

Completed by William DiFrangia
Start 12/18/2018 12:45 PM
End 12/18/2018 3:36 PM

Organization

Name Giant Eagle Pharmacy #1419	License Type Terminal - Pharmacy - Category 3	Category
License Number 020825300	Business Type IL - Large Chain Retail (12+ Outlets)	DEA Number BG4325634
Responsible Person Barbara Susan Carlson, RPH	Hours of Operation M-F 9a-9p Sat 9a-7p Sun 9a-5p	

Contact

Address 2061 Elm Road Warren, OH 44483 Trumbull County	Primary Number (330) 372-7003	Fax Number (330) 372-7818	Website
--	---	-------------------------------------	----------------

Personnel

Name	Initials	Position	I.D. No.	Phone	Email
Barbara Susan Carlson, RPH		Pharmacist	03215659	(330) 638-4247	barbcarl0223@aol.com
R.Ph. Ncole Deluco		Paramedic	03228215		
Tiffany Marie Detell		Registered Pharmacy Technician	09201975	(234) 567-3269	tifsamaly@yahoo.com
Garrett Clinton Floyd		Registered Pharmacy Technician	09201340		gc3floyd@yahoo.com
Daniel Lowry		Qualified Technician in Training	09106119		
Danielle Lynn Perry		Registered Pharmacy Technician	09202504	(330) 646-9071	perryd0304@gmail.com

1.1) SOBP License

- 1) Is the pharmacy TDDD license readily retrievable for inspection?
Yes
- 2) Is the Pharmacy TDDD license current and up to date?
Yes
- 3) Has the pharmacy TDDD license been signed by the Responsible Pharmacist?
Yes
- 4) Have any changes in the pharmacy's ownership, business name, category, or address occurred without notification to the Board of Pharmacy?
No
Observation
SOBP notified of RP change, see question pertaining to RP.
- 5) Additional findings regarding SOBP License?
No

1.2) Responsible Person

1) Is there a current Responsible Person for the TDDD license?

Yes

2) Have changes in the pharmacy's "Responsible Person" been properly reported to the SOBP?

Yes

Observation

Change in responsible person was reported to SOBP form was dated and signed on 12/2/2018.

3) Additional findings regarding Responsible Person?

No

1.3) DEA Certificate

1) Is the pharmacy's DEA certificate current?

Yes

2) Is the pharmacy's DEA certificate posted for inspection?

Yes

3) Additional findings regarding DEA Certificate?

No

2.1) Record Availability

1) Can the pharmacy produce a detailed patient profile for the past 12 months immediately upon request?

Yes

Observation

Obtained patient profile pertaining to 2018-2574

2) Can the pharmacy produce three (3) years of dispensing records within three (3) business days?

Yes

2.3.1) Basic Questions Pertaining to the Dispensing Software

1) What is the name of the Dispensing software being used by the pharmacy?

Observation

EPS

2) What is the current version of the Dispensing Software?

Observation

2018.03

3) Is the dispensing software pharmacy owned, or provided by a third-party vendor?

Third-party vendor

2.3.2) Purged Dispensing Data

1) Has the pharmacy PURGED required records?

Yes, required data has been purged from the ARKS. The purged data is still retrievable within three (3) business days.

Observation

Records may be purged at the corporate level

3) Does the pharmacy backup its dispensing software?

Yes

Observation

Software is backed up via the cloud

2.3.3) Stand Alone System

1) Is the dispensing software a "Stand Alone" system maintained at the licensed pharmacy?

No

2) How many total dispensing terminals are there?

11

Observation

11 terminals - 3 are used exclusively as registers.

3) Are there any dispensing terminals outside the pharmacy barricade?

No

4) Can access to dispensing data, and/or dispensing functions, be made from any location outside the pharmacy barricade?

No

2.3.4) Shared Dispensing Software

1) Is the shared dispensing software "a real time online system", and used for the review and transfer of dispensing data?

Yes

Observation

Yes

2) Does the pharmacy's real time online system prevent a patient from receiving more dispensings than authorized by the original prescription?

Yes

2.3.6) Dispensing Record Accuracy

1) Are required records of accountability being kept complete and accurate in the dispensing software?

Yes

2.5) ePositive Identification

1) Is a paperless positive ID system being used that has not been made approvable by the Board of Pharmacy?

No

2) Is there documentation the pharmacy's paperless positive ID system was made approvable by the Board of Pharmacy?

Yes

Observation

2/20/2015 Giant Eagle's paperless positive ID was approved at Giant Eagle Pharmacy in Elyria, OH

2.6) Other Areas Requiring Positive ID**1) Is there positive ID for the practice of pharmacy at data entry?**

Yes

Observation

Paperless positive ID

2) Is there positive ID of the practice of pharmacy for DUR?

Yes

Observation

Paperless positive ID

3) Is there positive ID for the act of dispensing?

Yes

Observation

Paperless positive ID

4) Is there positive ID for patient counseling?

Yes

Observation

Paperless positive ID

5) Is there positive ID of the Pharmacist or Intern who administered an adult immunization?

Yes

Observation

Paperless positive ID

3.1) Physical Barricade**1) Does the pharmacy have a fully enclosed barricade or an open air barricade?**

Fully Enclosed Barricade

3.2) Electronic Barricade**1) Was the pharmacy alarm tested during this inspection?**

No

2) Who owns the pharmacy alarm system?

The Alarm company

Observation

State Alarm

3) Who monitors the pharmacy alarm and what is their phone number?Observation

State Alarm 1 (800) 321-7400

4) Does anyone other than a pharmacist have the code or the key to the alarm system?

No

5) Does each pharmacist have their own individualized alarm code?

Yes

6) Who assigns and/or deactivates the alarm codes when necessary?Observation

Loss Prevention

8) Is the alarm a hard wired alarm, wireless, or both?

Hard wired into the pharmacy.

Wireless system using a cellular transmitter.

11) Does the pharmacy have documentation on alarm testing?

Yes

Observation

Alarm testing documentation is believed to be held by State Alarm. Last tested 3 months prior.

4) *Minimum Standards***1) Is the phone number for poison control readily accessible in the pharmacy?**

Yes

2) Does the pharmacy have the proper equipment to conduct the practice of pharmacy?

Yes

3) Does the pharmacy have enough drug stock fill most prescription requests?

Yes

4) Does the pharmacy have the containers necessary to dispense a variety of medication types and sizes?

Yes

5) Is there adequate space and fixtures within the pharmacy barricade to effectively operate a retail pharmacy?

Yes

6) Are the pharmacy operating hours posted in plain view for the public to see?

Yes

7) Is there evidence to indicate a problem with staffing levels?

No

8) Are the pharmacy employees wearing name tags with their job title?

Yes

5) *Security***1) Is the security of the pharmacy drug stock adequate to detect and deter drug theft and diversion?**

Yes

2) Are all of the pharmacy's drug stocks kept within the pharmacy barricade?

Yes

3) Are all records of accountability that are stored outside of the pharmacy barricade but within the same physical location secure and tamper evident? Warning

No

Observation

Agent DIFrangia inspected cage within the basement of the grocery store which houses records. Cage is secure however two U bolts on the right side of the door and a bolt mechanism on the left side of the door are accessible from the outside of the cage; could be removed and replaced without detection.

Corrective Action

Ensure entire cage is both secure and tamper evident.

5) Has the pharmacy experienced any drug thefts or losses in the last three (3) years?

No

6) Drug Theft or Loss StatementObservation

Any theft or loss of dangerous drugs must be reported by law to the Ohio State Board of Pharmacy and local law enforcement immediately upon discovery. Notify the DEA if controlled substances were involved. Theft or loss must be reported verbally to the Ohio State Board of Pharmacy (614-466-4143) or a local Pharmacy Board Employee immediately upon discovery and in writing to the Ohio State Board of Pharmacy (dea106reporting@pharmacy.ohio.gov) within 30 days of the discovery of the theft or loss.

6) Library**1) Does the pharmacy have an up to date "Drug Laws of Ohio" book, or an online resource to access the required information?**

Yes

Observation

online access

2) Does the pharmacist have access to the paper/electronic references necessary to appropriately practice pharmacy?

Yes

7) *Cleanliness***1) Is the pharmacy clean and well lit?**

Yes

8) *Refrigeration*

1) Are all pharmacy refrigerators and/or freezers in good working order with an adequate system in place to ensure that the medications stored within are stored at appropriate temperatures?

Yes

Observation

Two refrigerators and one freezer. Temperatures are recorded twice a day and stored electronically at the store level. Temperatures are also monitored at the corporate level.

9.1) Drug Ordering Procedures

1) Is the pharmacy using paper DEA-222 order forms, or are they using an electronic DEA-222 ordering system being used?

Electronic DEA-222 ordering system is being used.

9.3) Electronic C-II drug order receipt

1) When using an electronic drug ordering system, is the pharmacy creating a record of receipt that is electronically linked to the original order?

Yes

9.4) Wholesale information

1) Who are the wholesale drug distributors utilized by this pharmacy?

Observation

Cardinal

10) Improper Dispensings

1) Is there evidence to indicate that a prescription has been dispensed improperly?

No

11) *Insufficient Supervision*

1) Is there pharmacist supervision of the dangerous drugs and other pharmacy employees at all times while the pharmacy is open and operating?

No

2) Are only pharmacists performing tasks requiring professional judgment?

Yes

12) *Inventory Records*

1) Are all records and invoices pertaining to the pharmacy's drug stock on hand for review?

Yes

14) Illegal Sales

2) Have any drugs that were returned to stock been returned to the pharmacy stock bottles?

No

Observation

Returns are held within a separate vial containing all pertinent information.

15) Illegal Purchases

1) Verify Licenses of Distributors/Wholesalers

Yes

16) Samples

1) Is there any evidence of prescription drug samples in the pharmacy?

No

Observation

No prescription drug samples found.

17.1) DUR software

1) Does the pharmacist rely solely on the dispensing software to perform the DUR for prescription dispensing?

No

Observation

Pharmacist uses clinical knowledge in addition to software

19) Improper Rx's**1) Are the prescriptions on file written in compliance with 4729-5-30?**

Yes

20) *Outdated Drugs***1) Are there expired medications within the pharmacy's active drug stock?**

No

Observation

Spot check conducted, no expired medications located.

2) Are the known expired drugs segregated from the pharmacy drug stock?

Yes

22.2) DEA Number**1) Is the prescriber's DEA registration number written or pre-printed on all controlled substance prescriptions?**

Yes

22.4) APN prescriptions**1) Do prescriptions written by Advanced Practical Nurses have their Certificate to prescribe (CTP) number written on them?**

Yes

22.5) Prescriber's Agent**1) Is the first and last name of the prescriber's Agent written on phoned in prescriptions when applicable?**

Yes

23) OTC's & Syringes**1) Does the pharmacy store over the counter medications within the pharmacy barricade?**

Yes

2) Are syringes stored in the pharmacy and kept out of obvious public view?

Yes

24.2) Sterile Compounding**1) Is the pharmacy performing sterile compounding?**

No

24.3) Repackaging**1) Is the pharmacy pre-packaging medications (non-patient specific) prior to dispensing?**

No

25) Prescription Files**1) Are the prescriptions dispensed by the pharmacy being filed in three separate files?**

Yes

2) Are the prescription files in good order and are prescriptions being filed in a timely manner?

Yes

27) Rx's Initialed & Dated**1) Are pharmacists initialing and dating prescriptions when required?**

No

Observation

Paperless positive ID

28) *Annual Drug Inventory***1) Has an annual drug inventory been completed within the specified time period?**

Yes

Observation

Completed on 12/2/2018 for change of RP

Completed on 5/1/2018 during annual inventory

Both completed by RPH Carlson

29.2) Oral prescriptions reduced to writing**1) Are all oral prescriptions being reduced to writing and contain the required information?**

Yes

33.4) Positive Identification**1) Is there positive identification of the pharmacist and/or pharmacy Intern who provided an immunization?e pharmacist during data entry verification and DUR review?**

Yes

35) *Qualified Pharmacy Technicians (QPT)***1) Does anyone other than a pharmacist, pharmacy intern, or Qualified Pharmacy Technician package, label, or compound dangerous drugs while working in the pharmacy?**

No

2) Do all Qualified Pharmacy Technicians meet the minimum standards set forth in OAC 4729-4-02 and 4729-4-03?

Yes

Observation

All pharmacy technicians are licensed by SOBP

3) Have criminal records checks been performed on all pharmacy technicians intending to preform qualified tech duties?

Yes

4) Are Qualified Tech's BCI & FBI background checks available for review?

Yes

Observation

All technician employment information is held at the corporate level and available by request within 3 days.

36) Counseling**1) Is Patient counseling being offered with every prescription?**

Yes

2) Is the refusal of counseling by the patient or caregiver being documented?

Yes

38) *OARRS***1) Does the pharmacist have access to OARRS to request reports when needed?**

Yes

2) Are the pharmacists requesting OARRS reports when appropriate?

Yes

3) Are any of the Pharmacists using delegates to request OARRS reports?

No

39) Confidentiality**1) Are there any known issues pertaining to patient confidentiality?**

No

Observation

Agent DiFrangia conducted an investigation pursuant to 2018-2574; an individual claimed HIPPA laws were violated.

Pharmacy has adequate safeguards for all records pertaining to patient confidentiality. All records are stored within the pharmacy or within an enclosed cage in the basement of the grocery store. The pharmacy is set up with adequate requests for privacy while waiting in line. Prescription #2236742 was reviewed. The prescription was not dispensed.

41) Points of Emphasis**1) The below listed items are some select points to remember while overseeing and conducting the practice of pharmacy.**Observation

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.

45) Inspection Affirmation**1) Inspection Affirmation**Observation

As the on-duty pharmacist, at the time of this inspection, I affirm that I have reviewed this inspection report with the Specialist/Agent/Inspector, and understand its content. If this inspection report requires a written response of corrective action, the response shall be provided to the Ohio State Board of Pharmacy within 30 days of this inspection. I understand that if I am not the Responsible Person documented on this site's Ohio TDDD license, I will ensure the Responsible Person is notified of this inspection report and any corrective actions required. Responses can be emailed (with a copy of the inspection report) to writtenresponse@pharmacy.ohio.gov or they may be mailed to 77 South High Street, 17th Floor, Columbus, Ohio 43215.

Summary**Warning**

Reviewed by Barbara Susan Carlson, RPH



 (signature)



State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126

(614) 466-4143 | Fax (614) 752-4836 | <http://www.pharmacy.ohio.gov>

License 020825300

Giant Eagle Pharmacy #1419 1419

2061 Elm Road
Warren, OH 44483
Trumbull County

Retail Pharmacy-Large Chain

Category Three

Standard Retail Pharmacy Inspection Version 1.0

July 28, 2016

Written Response Required

Written Response Required Details

6) Security

- 5) Has the pharmacy experienced any drug thefts or losses in the last three (3) years?
- 6) Drug Theft or Loss Statement



License 020825300 - Giant Eagle Pharmacy #1419 1419

Full

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836
<http://www.pharmacy.ohio.gov>

Completed by Lynn Edward Mudra
Start 7/28/2016 10:30 AM
End 7/28/2016 12:27 PM

Organization

Name Giant Eagle Pharmacy #1419 1419	License Type Retail Pharmacy-Large Chain	Category Category Three
License Number 020825300	Business Type Large Chain Pharmacy - 12 or More Outlets	DEA Number BG4325634
Responsible Person Abbey Bensing, Pharmacist	Hours of Operation	

Contact

Address 2061 Elm Road Warren, OH 44483 Trumbull County	Primary Number (330) 372-7003	Fax Number (330) 372-7818	Website
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Personnel

<u>Name</u>	<u>Initials</u>	<u>Position</u>	<u>I.D. No.</u>	<u>Phone</u>	<u>Email</u>
Abbey Bensing, Pharmacist		Supervisor		(330) 372-7003	
Barbara Carlson, R.Ph.		Pharmacist		(330) 372-7003	PharmacTeamLeader.1491@GiantEagle.com
Linda Lee Rhodes, RPH			03314326		lrhdes526@aol.com

1.1) The OSBP License

1) Is the pharmacy TDDD license readily retrievable for inspection?

Yes

2) Is the Pharmacy TDDD license current and up to date?

Yes

3) Has the pharmacy TDDD license been signed by the Responsible Pharmacist?

Yes

4) Have any changes in the pharmacy's ownership, business name, category, or address occurred without notification to the Board of Pharmacy?

No

1.2) The Responsible Person

1) Is there a current Responsible Person for the TDDD license?

Yes

2) Have changes in the pharmacy's "Responsible Person" been properly reported to the OSBP?

Yes

1.3) The DEA Certificate

1) Is the pharmacy's DEA certificate current?

Yes

3.1) Record Availability

1) Can the pharmacy produce a detailed patient profile for the past 12 months immediately upon request?

Yes

2) Can the pharmacy produce three (3) years of dispensing records within three (3) business days?

Yes

3.3.1) Basic Questions Pertaining To The ARKS

1) What is the name of the Alternative Record Keeping System (ARKS) being used by the pharmacy?

Observation
Enterprise

2) What is the operating system for the ARKS?

Windows
Observation
Windows

3) Is the ARKS pharmacy owned, or provided by a third-party vendor?

Third-party vendor

4) What is the current version of the ARKS?

Observation
Version2.6.03.009

3.3.3) Stand Alone ARKS

1) Is the ARKS a "Stand Alone" system maintained at the licensed pharmacy?

Yes

**4) Can access to dispensing data, and/or dispensing functions, be made from any location outside the pharmacy
barricade?**

No

3.3.4) Shared ARKS

1) Is the shared ARKS "a real time online system", and used for the review and transfer of dispensing data?

Yes

Observation
Yes

**(OAC 4729-5-27) The following record keeping requirements do not apply to records relating to the practice of
pharmacy for an inpatient as defined in rule 4729-17-01 of the Administrative Code.**

3.3.6) ARKS Record Accuracy

1) Are required records of accountability being kept complete and accurate in the ARKS?

Yes

3.3.7) True Edit Trails**1) Can dispensing data be permanently removed (deleted) from the ARKS?**

No

Observation

It is not possible to permanently remove (delete) dispensing data from the ARKS.

(OAC 4729-5-27) The following record keeping requirements do not apply to records relating to the practice of pharmacy for an inpatient as defined in rule 4729-17-01 of the Administrative Code.

(M) A log must be maintained of all changes made to a prescription record after the prescription has been dispensed. Such log may be accessible to the pharmacist for review, but shall be protected from being altered in any way. The log must contain at least, but is not limited to, the following:

- (1) Date and time of change;
- (2) Changes made;
- (3) Pharmacist making the change.

2) Does the pharmacy's ARKS maintain a "True Edit Trail" of changes made to all required dispensing data?

Yes

Observation

The pharmacy's ARKS maintains a "True Edit Trail" of changes made to all required dispensing data.

3) Can deleted or edited dispensing data be retrieved for inspection by the OSBP?

Yes

Observation

Deleted or edited dispensing data can be retrieved for inspection by the OSBP.

(OAC 4729-5-27) The following record keeping requirements do not apply to records relating to the practice of pharmacy for an inpatient as defined in rule 4729-17-01 of the Administrative Code.

(M) A log must be maintained of all changes made to a prescription record after the prescription has been dispensed. Such log may be accessible to the pharmacist for review, but shall be protected from being altered in any way. The log must contain at least, but is not limited to, the following:

- (1) Date and time of change;
- (2) Changes made;
- (3) Pharmacist making the change.

3.3.8) ARKS Security**1) Does the ARKS control the level of access based on duties (Technician vs. Pharmacist)?**

Yes

Observation

The ARKS controls access levels based on pharmacy duties (Technician vs. Pharmacist).

2) Are on-duty pharmacists controlling and supervising ARKS access and use?

Yes

Observation

The on-duty pharmacists are controlling and supervising the ARKS access and use.

3) When logging into the ARKS, what is the security access to dispensing functions?

Username & Password

Fingerprint

3.4) Traditional Paper Positive Identification**1) What is the method of positive ID, for the act of dispensing?**

Manually signing and dating a daily computerized printout containing refill dispensing data?

3.5) ePositive Identification**1) Is a paperless positive ID system being used that has not been made approvable by the Board of Pharmacy?**

No

3.6) Other Areas Requiring Positive ID**1) Is there positive ID for the practice of pharmacy at data entry?**

Yes

Observation**OAC 4729-5-27) The following record keeping requirements do not apply to records relating to the practice of pharmacy for an inpatient as defined in rule 4729-17-01 of the Administrative Code.**

(A) There must be positive identification of the pharmacist or pharmacists responsible for performing all activities relating to the practice of pharmacy including, but not limited to:

(1) Prescription information entered into the record keeping system;

2) Is there positive ID of the practice of pharmacy for DUR?

Yes

Observation**(OAC 4729-5-27) The following record keeping requirements do not apply to records relating to the practice of pharmacy for an inpatient as defined in rule 4729-17-01 of the Administrative Code.**

(A) There must be positive identification of the pharmacist or pharmacists responsible for performing all activities relating to the practice of pharmacy including, but not limited to:

(2) Prospective drug utilization review;

3) Is there positive ID for the act of dispensing?

Yes

4) Is there positive ID for patient counseling?

Yes

Observation

R.Ph fingerprint

5) Is there positive ID of the Pharmacist or Intern who administered an adult immunization?

Yes

5) Minimum Standards**1) Is the phone number for poison control readily accessible in the pharmacy?**

Yes

Observation**(OAC 4729-9-02)**

(A) Library

(3) Telephone number of a poison control center.

2) Does the pharmacy have the proper equipment to conduct the practice of pharmacy?

Yes

7) Is there evidence to indicate a problem with staffing levels?

No

6) Security

1) Is the security of the pharmacy drug stock adequate to detect and deter drug theft and diversion?

Yes

Observation**(OAC 4729-9-05)**

(A) All registrants shall provide effective and approved controls and procedures to deter and detect theft and diversion of dangerous drugs. In order to determine whether a registrant has provided effective and approved controls against diversion, the state board of pharmacy shall use the security requirements set forth in rule 4729-9-11 of the Administrative Code as standards for the security controls and operating procedures necessary to deter and detect diversion.

(C) When physical security controls become inadequate as a result of a significant increase in the quantity of dangerous drugs in the possession of the registrant during normal business operation, the physical security controls shall be expanded and extended accordingly.

(D) Any registrant or applicant desiring to determine whether a proposed security system substantially complies with, or is the structural equivalent of, the requirements set forth in rule 4729-9-11 of the Administrative Code may submit any plans, blueprints, sketches, or other materials regarding the proposed security system to the state board of pharmacy.

(E) The state board of pharmacy shall be notified of any new facilities, work or storage areas to be constructed or utilized for dangerous drugs or of any changes in operation of the registrant before being used or implemented.

(OAC 4729-9-11) A pharmacist, prescriber, or responsible person pursuant to paragraph (F) of rule 4729-13-01 or paragraph(H) of rule 4729-14-01 of the Administrative Code, who has signed as being responsible for a terminal distributor of dangerous drugs license, shall provide"supervision and control" of dangerous drugs as required in division (B) of section 4729.55 of the Revised Code, and "adequate safeguards" to assure that dangerous drugs are being distributed in accordance with all state and federal laws as required in section 4729.55 of the Revised Code, by the following procedures:

(A) In a pharmacy.

(1) Personal supervision by a pharmacist of the dangerous drugs at all times to deter and detect theft or diversion; except,

(2) Whenever personal supervision of the dangerous drugs is not provided by a pharmacist, physical or electronic security of the dangerous drugs must be provided according to the following requirements:

(3) Areas designated for the dispensing, compounding, and storage of dangerous drugs shall meet the security requirements in rule 4729-9-05 of the Administrative Code. No person may be within the physical confines of the area designated for the dispensing, compounding, and storage of dangerous drugs unless under the personal supervision of a pharmacist.

(B) In other terminal distributors of dangerous drugs, including but not limited to, emergency medical services pursuant to division (C) of section 4729.54 of the Revised Code, first-aid departments pursuant to rule 4729-9-03 of the Administrative Code, approved laboratories pursuant to paragraph (D) of rule 4729-13-01 of the Administrative Code, and animal shelters pursuant to paragraph (A) of rule 4729-14-01 of the Administrative Code, dangerous drugs must be stored in an area secured by either a physical barrier with suitable locks and/or an electronic barrier to deter and detect unauthorized access.

(C) A pharmacist, prescriber, or responsible person for a terminal distributor of dangerous drugs license pursuant to paragraph (F) of rule 4729-13-01 or paragraph(H) of rule 4729-14-01 of the Administrative Code who has signed as being responsible for a terminal distributor of dangerous drugs license is responsible to monitor for suspicious orders, unusual usage, or questionable disposition of dangerous drugs.

(D) All areas where drugs and devices are stored shall be dry, well-lighted, well-ventilated, and maintained in a clean and orderly condition. Storage areas shall be maintained at temperatures which will insure the integrity of the drugs prior to their use as stipulated by the USP/NF and/or the manufacturer's or distributor's labeling unless otherwise directed by the board.

2) Are all of the pharmacy's drug stocks kept within the pharmacy barricade?

Yes

3) Are all records of accountability that are stored outside of the pharmacy barricade but within the same physical location secure and tamper evident?

Yes

*** 5) Has the pharmacy experienced any drug thefts or losses in the last three (3) years? Written Response Required**

Yes

Observation

Any significant theft or loss of drugs must be reported, by telephone, to the Board of Pharmacy and local law enforcement immediately upon discovery. If a controlled substance the DEA must be notified as well using a DEA-106 form.

Were the losses reported immediately upon discovery? No

*** 6) Drug Theft or Loss Statement Written Response Required**

Observation

Any theft or significant loss of drugs must be reported, by telephone, to the Board of Pharmacy and local law enforcement immediately upon discovery. If a controlled substance the DEA must be notified as well using a DEA-106 form.

(OAC 4729-9-15)

(A) Each prescriber, terminal distributor of dangerous drugs, or wholesale distributor of dangerous drugs shall notify the following upon discovery of the theft or significant loss of any dangerous drug or controlled substance, including drugs in transit that were either shipped from or to the prescriber, terminal distributor of dangerous drugs, or wholesale distributor of dangerous drugs:

(1) The state board of pharmacy, by telephone immediately upon discovery of the theft or significant loss;

(2) If a controlled substance, the drug enforcement administration (DEA) pursuant to 21 C.F.R.1301.76(b);

(3) Law enforcement authorities pursuant to section 2921.22 of the Revised Code.

(B) Controlled substance thefts must also be reported by using the federal DEA report form whether or not the controlled substances are subsequently recovered and/or the responsible parties are identified and action taken against them. A copy of the federal form regarding such theft or loss shall be filed with the state board of pharmacy within thirty days following the discovery of such theft or loss.

(1) An exemption may be obtained upon sufficient cause if the federal form cannot be filed within thirty days.

(2) A request for a waiver of the thirty-day limit must be requested in writing.

(C) Each prescriber, terminal distributor of dangerous drugs, or wholesale distributor of dangerous drugs immediately upon discovery of any theft or loss of:

(1) Uncompleted prescription blank(s) used for writing a prescription, written prescription order(s) not yet dispensed, and original prescription order(s) that have been dispensed, shall notify the state board of pharmacy and law enforcement authorities.

(2) Official written order form(s) as defined in division (Q) of section 3719.01 of the Revised Code shall notify the state board of pharmacy and law enforcement authorities, and the drug enforcement administration (DEA) pursuant to 21 C.F.R. 1305.12 (b) .

10.1) Drug Ordering Procedures**1) Is the pharmacy using paper DEA-222 order forms, or are they using an electronic DEA-222 ordering system being used?**

Electronic DEA-222 ordering system is being used.

10.2) Executed paper DEA-222 forms**1) Are the executed DEA-222 forms being properly completed?**

No

10.3) Electronic C-II drug order receipt**1) When using an electronic drug ordering system, is the pharmacy creating a record of receipt that is electronically linked to the original order?**

Yes

10.4) Wholesale information**1) Who are the wholesale drug distributors utilized by this pharmacy?**Observation

McKesson, ANDA,, Giant Eagle Warehouse.

11) Improper Dispensings**1) Is there evidence to indicate that a prescription has been dispensed improperly?**

No

Observation**OAC 4729-5-21)**

(A) A prescription, to be valid, must be issued for a legitimate medical purpose by an individual prescriber acting in the usual course of his/her professional practice. The responsibility for the proper prescribing is upon the prescriber, but a corresponding responsibility rests with the pharmacist who dispenses the prescription. An order purporting to be a prescription issued not in the usual course of bona fide treatment of a patient is not a prescription and the person knowingly dispensing such a purported prescription, as well as the person issuing it, shall be subject to the penalties of law.

2) Are the pharmacist performing a prospective Drug Utilization Review?

Yes

Observation**(OAC 4729-5-20)**

(A) Prior to dispensing any prescription, a pharmacist shall review the patient profile for the purpose of identifying:

- (1) Over-utilization or under-utilization;
- (2) Therapeutic duplication;
- (3) Drug-disease state contraindications;
- (4) Drug-drug interactions;
- (5) Incorrect drug dosage;
- (6) Drug-allergy interactions;
- (7) Abuse/misuse;
- (8) Inappropriate duration of drug treatment;
- (9) Food-nutritional supplements-drug interactions.

(B) Upon recognizing any of the above, a pharmacist, using professional judgment, shall take appropriate steps to avoid or resolve the potential problem. These steps may include requesting and reviewing an OARRS report or another state's report if applicable and available, and/or consulting with the prescriber and/or counseling the patient.

(C) Prospective drug utilization review shall be performed using predetermined standards consistent with, but not limited to, any of the following:

- (1) Peer-reviewed medical literature (that is, scientific, medical, and pharmaceutical publications in which original manuscripts are rejected or published only after having been critically reviewed by unbiased independent experts);
- (2) American hospital formulary service drug information;
- (3) United States pharmacopoeia drug information;
- (4) American medical association evaluations.

(D) Prior to dispensing a prescription, at a minimum, a pharmacist shall request and review an OARRS report covering at least a one year time period and/or another state's report, where applicable and available, if a pharmacist becomes aware of a person currently:

- (1) Receiving reported drugs from multiple prescribers;
 - (4) Requesting the dispensing of reported drugs from a prescription issued by a prescriber with whom the pharmacist is unfamiliar (i.e. prescriber is located out-of-state or prescriber is outside the usual pharmacy geographic prescriber care area);
- or.
- (3) Abusing or misusing reported drugs (i.e. over-utilization, early refills, appears overly sedated or intoxicated upon presenting a prescription for a reported drug, or an unfamiliar patient requesting a reported drug by specific name, street name, color, or identifying marks);
 - (2) Receiving reported drugs for more than twelve consecutive weeks;

12) Insufficient Supervision**1) Is there pharmacist supervision of the dangerous drugs and other pharmacy employees at all times while the pharmacy is open and operating?**

Yes

2) Are only pharmacists performing tasks requiring professional judgment?

Yes

13) Inventory Records**1) Are all records and invoices pertaining to the pharmacy's drug stock on hand for review?**

Yes

Observation**(OAC 4729-9-14)**

(A) Each prescriber or terminal distributor of dangerous drugs shall keep a record of all controlled substances received, administered, dispensed, sold, destroyed, or used. The acts of prescribing, administering, dispensing, and destroying of a controlled substance must be documented with the positive identification of the responsible individual pursuant to paragraph (N) of rule 4729-5-01 of the Administrative Code. These records may be kept electronically if the method is approved by the state board of pharmacy and the records are backed-up each business day.

(1) Records of receipt shall contain a description of all controlled substances received, the kind and quantity of controlled substances received, the name and address of the persons from whom received, and the date of receipt.

(2) Records of administering, dispensing, or using controlled substances shall contain a description of the kind and quantity of the controlled substance administered, dispensed, or used, the date, the name and address of the person to whom or for whose use, or the owner and identification of the animal for which, the controlled substance was administered, dispensed, or used.

(3) Records of drugs administered which become a permanent part of the patient's medical record shall be deemed to meet the name and address requirements of paragraph (A)(2) of this rule.

(4) Destruction of controlled substances shall be conducted in accordance with rule 4729-9-06 of the Administrative Code.

(C) All records of receipt, distribution, administering, dispensing, inventory, destruction, or using controlled substances shall be kept for a period of three years at the place where the controlled substances are located. Any terminal distributor of dangerous drugs intending to maintain such records at a location other than this place must first send a written request to the state board of pharmacy. The request shall contain the terminal distributor of dangerous drug name and license number of the requestor and the name and address of the alternate location. The state board of pharmacy will send written notification to the terminal distributor of dangerous drugs documenting the approval or denial of the request. A copy of the board's approval shall be maintained with the other records of controlled substances. Any such alternate location shall be secured and accessible only to representatives of the terminal distributor of dangerous drugs.

(OAC 4729-9-22) Each prescriber or terminal distributor of dangerous drugs shall keep a record of all dangerous drugs received, administered, dispensed, distributed, sold, destroyed, or used. The acts of prescribing, administering, dispensing, and destroying of a dangerous drug must be documented with the positive identification of the responsible individual pursuant to paragraph (N) of rule 4729-5-01 of the Administrative Code. These records may be kept electronically if the method is approved by the state board of pharmacy and the records are backed-up each business day.

(A) Records of receipt shall contain a description of all dangerous drugs received, the kind and quantity of dangerous drugs received, the name and address of the persons from whom received, and the date of receipt.

(B) Records of administering, dispensing, or using dangerous drugs shall contain a description of the kind and quantity of the dangerous drugs administered, dispensed, sold, or used, the date, the name and address of the person to whom or for whose use, or the owner and identification of the animal for which, the dangerous drug was administered, dispensed, or used.

(C) Records of dangerous drug destructions, other than controlled substances, shall contain the name, strength, dosage form, and quantity of the dangerous drug destroyed, the date destroyed, the method of destruction, the positive identification of the prescriber or responsible person that performed the destruction, and if used the positive identification of the person that witnessed the destruction.

(D) Records of dangerous drugs, other than controlled substances, administered, dispensed, or used which become a permanent part of the patient's medical record shall be deemed to meet the requirements of paragraph (B) of this rule.

(E) All records of receipt, distribution, administering, dispensing, selling, destroying, or using dangerous drugs shall be kept for a period of three years at the place where the dangerous drugs are located and upon request provided to a state board of pharmacy officer, agent, and/or inspector within three working days, excluding weekends and holidays. Any terminal distributor of dangerous drugs intending to maintain such records at a location other than this place must first send a written request to the state board of pharmacy. The request shall contain the terminal distributor of dangerous drug name and license number of the requestor and the name and address of the alternate location. The state board of pharmacy will send written notification to the terminal distributor of dangerous drugs documenting the approval or denial of the request. A copy of the board's approval shall be maintained with the other records of dangerous drugs. Any such alternate location shall be secured and accessible only to representatives of the terminal distributor of dangerous drugs.

15) Illegal Sales**1) Is the Pharmacy making occasional wholesale drug sales?**

No, they are not making any wholesale drug sales pursuant to 4729-9-10.

2) Have any drugs that were returned to stock been returned to the pharmacy stock bottles?

No

18.1) DUR software**1) Does the pharmacist rely solely on the dispensing software to perform the DUR for prescription dispensing?**

Yes

19) Errors in Dispensing**1) How are dispensing errors being documented by the pharmacy?**

Errors are documented as an electronic report? (Document observations)

Observation

Electronic and paper.

2) Have the frequency of errors caused a standard of practice issue for the pharmacy with a pharmacist or the pharmacy as a whole?

No

21) Outdated Drugs**1) Are there expired medications within the pharmacy's active drug stock?**

No

23.4) APN prescriptions**1) Do prescriptions written by Advanced Practical Nurses have their Certificate to prescribe (CTP) number written on them?**

Yes

Observation

(OAC 4729-5-30)

(B) All prescriptions issued by a prescriber shall:

(16) If issued by a clinical nurse specialist, certified nurse-midwife, or certified nurse practitioner with prescriptive authority, contain the nurse's prescriber number found on the certificate to prescribe issued by the state board of nursing pursuant to rule 4723-9-09 of the Administrative Code.

(17) If issued by a physician assistant with prescriptive authority, contain the certificate number of the physician assistant's certificate to prescribe pursuant to rule 4730-2-07 of the Administrative Code.

25.1) Non-sterile compounding**1) Is pharmacy dispensing prescriptions that require non-sterile compounding?**

Yes

25.2) Sterile Compounding**1) Is the pharmacy performing sterile compounding?**

No

26) Prescription Files**1) Are the prescriptions dispensed by the pharmacy being filed in three separate files?**

Yes

2) Are the prescription files in good order and are prescriptions being filed in a timely manner?

Yes

28) Rx's Initialed & Dated**1) Are pharmacists initialing and dating prescriptions when required?**

Yes

29) Annual Drug Inventory**1) Has an annual drug inventory been completed within the specified time period?**

Yes

Observation

Completed on May 1, 2016

Prior to opening

R.Ph Abbey Bensing, Responsible person.

30.1) Phoned in/oral prescriptions**1) Are only pharmacists and supervised pharmacy interns taking oral prescriptions?**

Yes

30.2) Oral prescriptions reduced to writing**1) Are all oral prescriptions being reduced to writing and contain the required information?**

Yes

32) Refills (Initialed & Dated)**1) Are pharmacists signing daily printouts (or properly completing bound refill log book), to properly take accountability for refill dispensings?**

Yes

Observation

OAC 4729-5-27) The following record keeping requirements do not apply to records relating to the practice of pharmacy for an inpatient as defined in rule 4729-17-01 of the Administrative Code.

(I) Hard copy documentation as required pursuant to paragraph (F)(1) of this rule must be provided by each individual pharmacist who makes use of such system by one of the following methods:

(1) A hard copy printout of each day's prescription refill data that shall include, at a minimum, the following data:

(a) Date of dispensing;

(b) Prescription number;

(c) Patient name;

(d) Name, strength (if applicable), and quantity of drug;

(e) Identification of pharmacy and pharmacist;

(f) Identification of controlled substances. This printout must be verified, dated, and signed by each individual pharmacist who dispensed a prescription that day. The pharmacist must verify that the data on the printout is complete and correct and sign a statement to that effect on the document as he/she would sign a check or legal document (e.g., J. H. Smith or Jane H. Smith). These documents must be maintained in chronological order in a separate file at the licensed location where the drug was dispensed for a period of three years from the date of dispensing. If the printout is prepared at a location other than that where the drug was dispensed, the printout must be provided to the licensed location within three working days, excluding holidays and weekends, of the date on which the drugs were dispensed. Such printouts must be verified and signed by each pharmacist who dispensed drugs within twenty-four hours of the date the printout is received;

(2) A tamper evident log book in which shall be entered, at a minimum, the date of dispensing and prescription number. The dispensing pharmacist must manually record his/her name or initials on each log book entry at the time of dispensing each refill; or

(3) Each individual pharmacist involved in dispensing drugs must enter into a tamper evident log book, at a minimum, the following data for each prescription refilled:

(a) Date of dispensing;

(b) Prescription number;

(c) Patient name;

(d) Name, strength (if applicable), and quantity of drug;

(e) Identification of the pharmacist;

(f) Identification of controlled substances. Each individual pharmacist involved in dispensing drugs must review this information at the end of each day and then must sign a statement in the log book attesting to the fact that the prescription information entered into the computer that day and recorded in the log book has been reviewed by him/her and is correct as shown.

34.1) Requirements to administer immunizations**1) Do all pharmacists or pharmacy interns who are administering immunizations meet the requirements to administer them?**

Yes

34.4) Positive Identification**1) Is there positive identification of the pharmacist and/or pharmacy Intern who provided an immunization?e pharmacist during data entry verification and DUR review?**

Yes

Observation

(OAC 4729-5-27) The following record keeping requirements do not apply to records relating to the practice of pharmacy for an inpatient as defined in rule 4729-17-01 of the Administrative Code.

(A) There must be positive identification of the pharmacist or pharmacists responsible for performing all activities relating to the practice of pharmacy including, but not limited to:

(5) Administering adult immunizations;

36) Qualified Pharmacy Technicians (QPT)

1) Does anyone other than a pharmacist or Qualified Pharmacy Technician package, label, or compound dangerous drugs while working in the pharmacy?

No

Observation

(OAC 4729-5-27) The following record keeping requirements do not apply to records relating to the practice of pharmacy for an inpatient as defined in rule 4729-17-01 of the Administrative Code.

(A) There must be positive identification of the pharmacist or pharmacists responsible for performing all activities relating to the practice of pharmacy including, but not limited to:

(5) Administering adult immunizations;

2) Do all Qualified Pharmacy Technicians meet the minimum standards set forth in OAC 4729-4-02 and 4729-4-03?

Yes

3) Have criminal records checks been performed on all pharmacy technicians intending to preform qualified tech duties?

Yes

4) Are Qualified Tech's BCI & FBI background checks available for review?

No

Observation

All employees have background checks. The background checks are retained at the Giant Eagle Corporate Office.

39) OARRS

1) Does the pharmacist have access to OARRS to request reports when needed?

Yes

2) Are the pharmacists requesting OARRS reports when appropriate?

Yes

44) Inspection Affirmation**1) Inspection Affirmation**

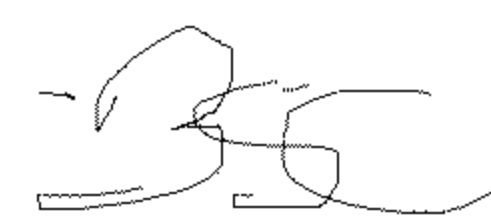
Observation

As the on-duty pharmacist, at the time of this inspection, I affirm that I have reviewed this inspection report with the Specialist/Agent, and understand its content. If this inspection report requires a written response of corrective action, the response shall be provided to the Ohio State Board of Pharmacy within 20 days of this inspection. I understand that if I am not the Responsible Person documented on this site's Ohio TDDD license, I will ensure the Responsible Person is notified of this inspection report and any corrective actions required.

Summary**Written Response Required**

The Organization shall correct items and return a written response, with details on the corrective action(s) taken, to the board office within 20 days from date issued.

Reviewed by Abbey Bensing, Pharmacist



(signature)

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY, 77 S. HIGH ST., 17TH FLOOR, COLUMBUS, OHIO 43266-0320 - (614)466-4143

DDD#: 02-825300
 NAME: Giant Eagle Pharmacy #1419
 R.P.:
 ADD: 2061 Elm
 Warren, Ohio 44483

CNTY: Trumbull

PHONE	372 / 7196	TIME IN	1/15	TIME OUT	3:15
	216 / 372 / 7003				
TYPE	05	FED. #	BG 4325634	EXP. DATE	9-97
HOURS OPEN	(DAILY) M-SAT 9-9	(SAT.)	SUN 9-6	(SUN. & HOLIDAYS)	
RESPONSIBLE PERSON:	Brent Swipas	TITLE	RPh		

PERSONNEL

TITLE/I.D. NO.

PERSONNEL

TITLE/I.D. NO.

Partial-

FEB 1 2 1996

1. LICENSES
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
18. NON-REG COMPOUNDING
19. Rx BLANKS
20. IMPROPER Rx'S
21. OUT DATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGES
25. GENERIC MFG.
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED SCH II Rx
31. REFILLS - 6 MO/5X
32. REFILLS - INT/DATE
33. REFILLS - U A
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG. DISPENSING

#1- Current & posted - last full insp. 3-/95

#14- large Drug Destruction conducted at this facility from transferred drug stock of lic # 02-709950 to current license w/control 02-825300

The 02-709950 license was discontinued as business on 10-24-95. (Gem-Care Inc)

See attached DEA Form 41.

CMH

FEB 2 1996 BT

PINK SHEET ISSUED (circle one) YES ☒ NO ☐ DATE _____

PERSON IN CHARGE

DATE 2-6-96

INSPECTOR

PHA 0610 (REV. 01/93)

White - Office Copy Yellow - Inspector Copy Green - Distributor Copy Pink - Individual Copy

Highly Confidential Subject to Protective Order

BOP_MDL2800652

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY, 77 S. HIGH ST., 17TH FLOOR, COLUMBUS, OHIO 43266-0320 - (614)466-4143

DDD#: 02-825300
NAME: Giant Eagle Pharmacy #1419
R.P.: 2061 Elm
ADD: Warren Ohio 44483
CNTY: TRUMBULL

PHONE
216 / 372 / 7003

TIME IN
5:30

A.M. TIME OUT
P.M.

TYPE
05

FED. #
BG-4325634

EXP. DATE

HOURS OPEN
(DAILY) m-SAT 9-9
(SAT.)
(SUN. & HOLIDAYS) 9-6

RESPONSIBLE PERSON:
Brent Surpas

TITLE
RAA

PERSONNEL	TITLE/I.D. NO.	PERSONNEL	TITLE/I.D. NO.

1. LICENSES

2. I.D. CARDS

3. RECORD SYSTEM

4. BARRICADE

5. MIN. STANDARDS

6. SECURITY

7. LIBRARY

8. CLEANLINESS

9. REFRIGERATION

10. ACCOUNTABILITY

11. IMPROPER DISPENSING

12. INSUFFICIENT SUPERVISION

13. INVENTORY RECORDS

14. DRUG DESTRUCTION

15. ILLEGAL SALES

16. ILLEGAL PURCHASES

17. SAMPLES

18. NON-REG COMPOUNDING

19. Rx BLANKS

20. IMPROPER Rx'S

21. OUT DATED DRUGS

22. DRUG LABELS

23. Rx INFORMATION

24. OTC/SYRINGES

25. GENERIC MFG.

26. Rx FILES

27. Rx COPIES

28. Rx INT/DATE

29. DEA INVENTORY

30. PHONED SCH II

31. REFILLS - 6 MO/5X

32. REFILLS - INT/DATE

33. REFILLS - U A

34. EMERGENCY KIT

35. CONTINGENCY KIT

36. NON-REG. DISPENSING

#14- Drug Destruction follow up from 2-6-96

PINK SHEET ISSUED (circle one) YES NO DATE

Brent Surpas
PERSON IN CHARGE

DATE 2-12-96

Inspector
INSPECTOR

PHA 0610 (REV. 01/93) White - Office Copy Yellow - Inspector Copy Green - Distributor Copy Pink - Individual Copy

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY, 77 S. HIGH ST., 17TH FLOOR, COLUMBUS, OHIO 43266-0320 - (614)466-4143

DDD#: 02-825300
NAME: Giant Eagle Pharmacy #1419
R.P.:
ADD: 2061 Elm
Warren, Ohio 44483

CNTY: Trumbull

PHONE	216 / 372 / 7003	TIME IN	5 ³⁰	A.M.	TIME OUT	A.M.
TYPE		FED. #	EXP. DATE			
05		BG 4325634				
HOURS OPEN	(DAILY)	(SAT.)	(SUN. & HOLIDAYS)			
M-SAT 9-9		SUN 9-6				
RESPONSIBLE PERSON:			TITLE			
Brent Swijas			RPh			

PERSONNEL	TITLE/I.D. NO.	PERSONNEL	TITLE/I.D. NO.

- 1. LICENSES
- 2. I.D. CARDS
- 3. RECORD SYSTEM
- 4. BARRICADE
- 5. MIN. STANDARDS
- 6. SECURITY
- 7. LIBRARY
- 8. CLEANLINESS
- 9. REFRIGERATION
- 10. ACCOUNTABILITY
- 11. IMPROPER DISPENSING
- 12. INSUFFICIENT SUPERVISION
- 13. INVENTORY RECORDS
- 14. DRUG DESTRUCTION
- 15. ILLEGAL SALES
- 16. ILLEGAL PURCHASES
- 17. SAMPLES
- 18. NON-REG COMPOUNDING
- 19. Rx BLANKS
- 20. IMPROPER Rx'S
- 21. OUT DATED DRUGS
- 22. DRUG LABELS
- 23. Rx INFORMATION
- 24. OTC/SYRINGES
- 25. GENERIC MFG.
- 26. Rx FILES
- 27. Rx COPIES
- 28. Rx INT/DATE
- 29. DEA INVENTORY
- 30. PHONED SCH II Rx
- 31. REFILLS - 6 MO/5X
- 32. REFILLS - INT/DATE
- 33. REFILLS - U A
- 34. EMERGENCY KIT
- 35. CONTINGENCY KIT
- 36. NON-REG. DISPENSING

Morphine Oral Solution 500mL
Solution noted on DEA Form 41
Dated 2-6-96 was returned to stock
as unexpired & not destroyed with the
other controlled drug entries.

See attached incident report by Agent Parlick.

PINK SHEET ISSUED (circle one) YES NO DATE

Brent Swijas
PERSON IN CHARGE

DATE 2-12-96

Parlick
INSPECTOR

OSBP

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.
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The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: (Include Name, Street, City, State and ZIP Code in space provided below).

Giant Eagle Pharmacy
2061 Elm Rd.
Warren, Ohio 44483

OLD Lic. 02-709950

TRANSFERRED to 02-825300

Signature of applicant or authorized agent

[Signature]

Registrant's DEA Number

BG 4325634

Registrant's Telephone Number

216-372-7003

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE! See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content, (Each Unit)	FOR DEA USE ONLY		
				DISPOSITION	QUANTITY	
					GMS.	MGS.
1 Morphine Unit Dose Cups ^{10mg} 8/5mL	2	3	4	5	6	7
2 MS Contin tabs	1	294	60			
3 Morphine tubex	170	1 mL	10			
4 Morphine tubex	1	5 mL	10			
5 Meperidine Tab	1	100	100			
6 Morphine Sulfate Tab	3	100	30			
7 Morphine Sulfate Tubex	3	10 mL	8			
8						
9						
10 Initial Destruction at pharmacy						
11 on 2-6-95. Above items						
12 Destroyed but not recorded by						
13 Parliak in previously sent						
14 DEA Form 41 same date.						
15 (See report attached						
16 Parliak OSBP)						

updated
2-9-96

verified by
the Rep.
Person R. Ph
on

DEA Form - 41
(Jun. 1986)

Previous edition dated 7/84 is usable.

2-12-96

* See instructions on reverse side.

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY		
				DISPOSITION	QUANTITY	
					GMS.	MGS.
1	2	3	4	5	6	7
17						
18						
19						
20						
21						
22						
23						
24						

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in _____ packages purporting to contain the drugs listed on this inventory and have been: ***(1) Forwarded tape-sealed without opening;**
(2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

DATE Feb. 9 19 96

DESTROYED BY: Pauline OSBP 2-9-96

** Strike out lines not applicable.

WITNESSED BY: [Signature] 2-12-96

INSTRUCTIONS

- 1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3; e.g., morphine sulfate tabs., 3 pkgs., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 83 tabs., 1/2 gr. (32 mg.), etc.
- 2. All packages included on a single line should be identical in name, content and controlled substance strength.
- 3. Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any further inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
- 4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
- 5. Drugs should be shipped tape-sealed via prepaid express or certified mail (return receipt requested) to Special Agent In Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (P.L. 91-513).
PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.
ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated.
A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Drug Enforcement Administration, Records Management Section, Washington, D.C. 20537; and to the Office of Management and Budget, Paperwork Reduction Project No. 1117-0007, Washington, D.C. 20503.

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 02-0825300 F NAME: GIANT Eagle Pharm. #1419 R.P.: ADDR: 2061 Elm Road WARREN, OHIO 44483	AREA CODE / TELEPHONE NUMBER 330-372-7003	TIME IN 245 A.M. P.M.	TIME OUT 500 A.M. P.M.
CAT: III CNTY: TRUMBULL	CLASS: 05	TYPE RETAIL	FED.# BG 4325634
		HOURS OPEN 9-9 (DAILY) 9-9 (SAT.) 9-6 (SUN. & HOLIDAYS)	EXP. DATE 9-05
		RESPONSIBLE PERSON Brent J. Swipas	TITLE/I.D. NO. 03-3-INIT. USED 18335

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
B. Pamela C. Erickson		16419			
Kimberly Ann Swipas		3-3-18592			

OHIO PHARMACY BOARD

FEB 22 2005

1. LICENSING	- Federal & State licenses are current
2. I.D. CARDS	
3. RECORDS SYSTEM	- The pharmacy has four patient Disp computers with PDX software.
4. BARRICADE	
5. MIN. STANDARDS	- The pharmacy has a full physical Barricade with RPH only key access & alarm code system. The pharmacy alarm is State Alarm. Relief RPH key & code access via pharmacist only Key Box.
6. SECURITY	
7. LIBRARY	
8. CLEANLINESS	
9. REFRIGERATION	
10. ACCOUNTABILITY	
11. IMPROPER DISPENSING	
12. INSUFFICIENT SUPERVISION	
13. INVENTORY RECORDS	
14. DRUG DESTRUCTION	
15. ILLEGAL SALES	
16. ILLEGAL PURCHASES	
17. SAMPLES	
18. NON-REG COMPOUNDING	
19. RX BLANKS	
20. IMPROPER RX'S	
21. OUTDATED DRUGS	
22. DRUG LABELS	
23. RX INFORMATION	
24. OTC/SYRINGES	
25. GENERIC MFG.	
26. RX FILES	
27. RX COPIES	
28. RX INT/DATE	
29. DE INVENTORY	
30. PHONED SCHIRX	
31. REFILLS-6MO/5X	
32. REFILLS-INT/DATE	
33. REFILLS-UA	
34. EMERGENCY KIT	
35. CONTINGENCY KIT	
36. NON-REG DISPENSING	
37. COUNSELING	

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF CORRECTIVE ACTION TAKEN NOTED ON THE REVERSE SIDE, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

	2-16-05	
SIGNATURE OF PERSON IN CHARGE	DATE SIGNED	SIGNATURE OF INSPECTOR

PHA-0610 (Rev. 02/02) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY GREEN - DISTRIBUTOR COPY PINK - INDIVIDUAL COPY

OMB Approval No. 1117-0007	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.
-------------------------------	--	-------------

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: (Include Name, Street, City, State and ZIP Code in space provided below).

GIANT Eagle Pharmacy #1419
2061 Elm RD.
WARREN, OHIO 44483

TDD# 02-0825300

Signature of applicant or authorized agent

Brent J. Sapiro

Registrant's DEA Number

BG 4325634

Registrant's Telephone Number

330-372-7003

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse of form.

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1, 2, 3, and 4 Only.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content, (Each Unit)	FOR DEA USE ONLY		
				DISPOSITION	QUANTITY	
					GMS.	MGS.
1	2	3	4	5	6	7
Aurduc 1 OXYFAST 20mg/1mL LIQ	2	30mL				
SANOFI 2 Demerol 50mg Tab	1	1				
SHIRE 3 ADDERALL 7.5mg TAB	1	30		Destroyed		
SHIRE 4 ADDERALL 10mg TAB	1	1		AT this		
Richwood 5 ADDERALL 5mg TAB	1	17		Facility By		
Shire 6 ADDERALL 15mg TAB	1	100		Flushing		
ABLE 7 METHYLPHENIDATE Hydrochloride ^{ER} TAB	1	20	20mg	Partially		
MCD 8 METHYLPHENIDATE Hydrochloride TAB	1	5	20mg	OSBP		
CellTech 9 Methylphenidate Hydrochloride TAB	1	30	5mg	2-16-05		
ABLE 10 Methylphenidate Hydrochloride TAB	1	50	5mg			
ABLE 11 methylphenidate Hydrochloride TAB	2	100	5mg			
ENDO 12 Percocet TAB	1	20	10/600			
QUALITEST 13 Oxycodone/Amp TABS	1	10	5/500			
CellTech 14 Metadate CD Capsule	1	70	20mg			
CellTech 15 Metadate ER TABS	1	100	20mg			
CellTech 16 Metadate ER TABS	1	20	20mg			

[REDACTED]

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY		
				DISPOSITION	QUANTITY	
					GMS.	MGS.
17 OXY IR Capsules	1	37	5 mg	5	6	7
18 KADIAN Capsules	1	45	100 mg	Destroyed		
19 Focalin Tabs	1	52	5 mg	AT Facility		
20 Dextro STAT Tabs	1	100	50 mg	by Flushing		
21 Methylphenidate Hydrochloride Tab	1	1	10 mg			
22 Proxicet oral solution	1	200 ML	5 mg			
23						
24						

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in 24 packages purporting to contain the drugs listed on this inventory and have been: ** (1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

DATE Feb. 16 2005

DESTROYED BY: Paul

** Strike out lines not applicable.

WITNESSED BY: Brent J. Dupuis RRA

INSTRUCTIONS

- List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3; e.g., morphine sulfate tabs., 3 pkgs., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 83 tabs., 1/2 gr. (32 mg.), etc.
- All packages included on a single line should be identical in name, content and controlled substance strength.
- Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any further inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
- There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
- Drugs should be shipped tape-sealed via prepaid express or certified mail (return receipt requested) to Special Agent In Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (P.L. 91-513).

PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.

ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated.

A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.

B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Drug Enforcement Administration, Records Management Section, Washington, D.C. 20537; and to the Office of Management and Budget, Paperwork Reduction Project No. 1117-0007, Washington, D.C. 20503.

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: <i>2-16-05</i>	T.D.D.D. #: <i>02-0825300</i>
BOARD AGENT: <i>Paul H</i>	D.E.A. #: <i>BG 4325634</i>

YES NO (CHECK ONE)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- ☒ ☐ Key in sealed envelope in safe. (*Gold Box Pharmant security system*)
- ☒ ☐ All items requiring R.Ph. supervision are inside barricade.
- ☒ ☐ Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- ☐ ☐ Minimum of seven (7) feet in height.
- ☒ ☐ Fully enclosed.
- ☒ ☐ Suitable locks are provided.
- ☒ ☐ Prescription department cannot be entered when locked without obvious damage to barricade.
- ☒ ☐ No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

ELECTRONICS:

- ☒ ☐ This is a company-owned system.
If no, leased from who? *STATE Alarm*
- ☒ ☐ This is a ☐ HARDWIRE / ☒ WIRELESS / ☐ BOTH system. (*check one*)
- ☒ ☐ There is a functional emergency "hold up" button.
- ☒ ☐ System is in operation at all times when R.Ph. is not present.
- ☒ ☐ Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?
Monitor wireless control sensors - OK this date.
- ☒ ☐ Only pharmacists possess access code to prescription room.
- ☒ ☐ System was tested this date. Date system was last tested? *2-16-05*
- ☐ ☒ Slot is provided for drop-in prescriptions.
- ☒ ☐ Suitable notice of operating hours to public is posted.
- ☒ ☐ Notice of emergency service is posted.

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:

I have been informed of and understand the following requirements:

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.



(Signature of R.Ph./Owner)

2/16/05 500PM

(Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:



(Signature of Board Agent)



(Title)

Comments:

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY; 77 S. HIGH ST., 17TH FLOOR; COLUMBUS, OHIO 43266-0320 · PHONE 614/466-4143; FAX 614/752-4836

TYPE: _____
 DDD#: 02-0825300 P
 NAME: Brent Swipasa RPh
 R.P.: _____
 ADDR: Giant Eagle #1419
 2061 Elm Rd
 Warren Ohio
 CAT: III CLASS: 05
 CNTY: Trumbull

PHONE (INCLUDE AREA CODE)

330-372-7003

TIME

IN

10¹⁵ P.M.

TIME

OUT

1100 P.M.

TYPE

FED.#

EXP. DATE

05 Retail Chain

HOURS

(DAILY)

(SAT.)

(SUN. & HOLIDAYS)

OPEN

9-9

M-SAT

9-6 SUN

RESPONSIBLE PERSON

TITLE/I.D. NO.

INIT. USED

Brent Swipasa RPh

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

(Partial Insp)

MAR - 3 1999

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
18. NON-REG COMPOUNDING
19. Rx BLANKS
20. IMPROPER Rx'S
21. OUTDATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGES
25. GENERIC MFG.
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED SCH II Rx
31. REFILLS - 6MO/5X
32. REFILLS - INT/DATE
33. REFILLS - UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

Agent Paulik requested specific patient information from the above RPh regarding compliance concerns on transfer of an Rx from TMMB (Trumbull Medical Medical Group) physicians of record for outside pharmacies.

* Discussed w/ RPh Swipasa the need for patient names & specific complaints regarding TMMB. He was unable to provide me with the names of specific persons from past Rx oral transfers & updates. He will maintain a log of any problems that can be documented & report these to the Medical Board investigator once this case is turned over to them per T. Benedict.

* Contacted William Winsky of CE reporting house for RPh's in the year 2001

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

DATE: _____

Brent Swipasa
 PERSON IN CHARGE

DATE 2-22-99

Paulik
 INSPECTOR

PHA-0610 (Rev. 12/97)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY, 77 S. HIGH ST., 17TH FLOOR, COLUMBUS, OHIO 43266-0320 - (614)466-4143

TERM DISTR	RETAIL PHCY	PHONE	TIME IN	A.M.	TIME OUT
DDD#: 02-825300	(NEW)				
NAME: GIANT EAGLE PHARMACY		TYPE	FED. #	EXP. DATE	
R.P.: RICHARD A. GRAY RPH		05		Pending	
ADD: 2061 ELM ROAD		HOURS OPEN	(DAILY)	(SAT.)	(SUN. & HOLIDAYS)
WARREN, OH 44483					
CATEGORY: THREE	CLASS: 05	RESPONSIBLE PERSON:	TITLE		
CNTY: TRUMBULL CO. (78)-GP	01/25/95				

PERSONNEL	TITLE/I.D. NO.	PERSONNEL	TITLE/I.D. NO.

1. LICENSES	<p>#1 - The new Term. Distr. # was issued to Giant Eagle Pharmacy Manager Richard Gray RPH on 2-6-95. The pharmacy is not scheduled to begin actual operation until the week of February 20, 1995.</p> <p>A copy of the new license was forwarded to Mr Gray until this Agent can perform an on site inspection.</p> <p>Please post this temporary copy of the license in your pharmacy, until I can supply you with the original</p> <p>* Sharon - Copy of license was mailed</p> <p>Original will be issued on or after 2/20/95</p>
2. I.D. CARDS	
3. RECORD SYSTEM	
4. BARRICADE	
5. MIN. STANDARDS	
6. SECURITY	
7. LIBRARY	
8. CLEANLINESS	
9. REFRIGERATION	
10. ACCOUNTABILITY	
11. IMPROPER DISPENSING	
12. INSUFFICIENT SUPERVISION	
13. INVENTORY RECORDS	
14. DRUG DESTRUCTION	
15. ILLEGAL SALES	
16. ILLEGAL PURCHASES	
17. SAMPLES	
18. NON-REG COMPOUNDING	
19. Rx BLANKS	
20. IMPROPER Rx'S	
21. OUT DATED DRUGS	
22. DRUG LABELS	
23. Rx INFORMATION	
24. OTC/SYRINGES	
25. GENERIC MFG	
26. Rx FILES	
27. Rx COPIES	
28. Rx INT/DATE	
29. DEA INVENTORY	
30. PHONED SCH II Rx	
31. REFILLS - 6 MO/5X	
32. REFILLS - INT/DATE	
33. REFILLS - U A	
34. EMERGENCY KIT	
35. CONTINGENCY KIT	
36. NON-REG. DISPENSING	

PINK SHEET ISSUED (circle one) YES NO DATE

PERSON IN CHARGE DATE INSPECTOR

PHA 0610 (REV. 01/93) White - Office Copy Yellow - Inspector Copy Green - Distributor Copy Pink - Individual Copy

Handwritten notes at top left.

Handwritten notes at top center.

Handwritten notes in the middle left.

1. The new term, "Bible," was inserted in Grant
Page 110 of 110. The change is not included in
2.6-92. The change is not included in
the original operation until the work of
February 20, 1992.
A copy of the new term was furnished to
the Board until this point and perform
on the new term.
These are the new term and the new
new term, which is not included in
with the original.

Handwritten notes on the right side.

Handwritten notes on the right side.

* Change - copy of term was revised
Original will be revised on 8/10/92

Handwritten notes at the bottom center.

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY, 77 S. HIGH ST., 17TH FLOOR, COLUMBUS, OHIO 43266-0320 - (614)466-4143

DDD#: 02-825300
NAME: Giant Eagle Pharmacy
R.P.: 2061 Elm Rd
ADD: Warren, Ohio 44483

CNTY: Trumbull

PHONE	216 / 372 / 7003	TIME IN	12 ⁰⁰	A.M.	TIME OUT	1 ³⁰	P.M.
TYPE	05	FED. #	BG 4325634				
HOURS OPEN	9-9	(DAILY)	9-9	(SAT.)	9-6	(SUN. & HOLIDAYS)	
RESPONSIBLE PERSON	Brent J. Swypas			#18335	RPh		

PERSONNEL	TITLE/I.D. NO.	PERSONNEL	TITLE/I.D. NO.
Daniel Yocum	03-2-19456		
Karen Armstrong	Technician		

- 1. LICENSES
- 2. I.D. CARDS
- 3. RECORD SYSTEM
- 4. BARRICADE
- 5. MIN. STANDARDS
- 6. SECURITY
- 7. LIBRARY
- 8. CLEANLINESS
- 9. REFRIGERATION
- 10. ACCOUNTABILITY
- 11. IMPROPER DISPENSING
- 12. INSUFFICIENT SUPERVISION
- 13. INVENTORY RECORDS
- 14. DRUG DESTRUCTION
- 15. ILLEGAL SALES
- 16. ILLEGAL PURCHASES
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- 19. Rx BLANKS
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- 32. REFILLS - INT/DATE
- 33. REFILLS - U A
- 34. EMERGENCY KIT
- 35. CONTINGENCY KIT
- 36. NON-REG. DISPENSING

#1- The new original license was issued on this date a copy of the license & TDDO was previously given to this pharmacy on 2-6-95.

#2- Current

#3- IBM hardware with two pharmacy computer terminal PDX software on line to Central HQ, All records & keep within the barricade.

#4- Full physical barricade with one access door & one service window. The door is key secured.

#5- OK #6- The service window has an inside slider lock for securing same. The pharmacist's noted have their own keys & alarm code. The pharmacy has hardline wire detectors & three wireless sensors. The relief pharmacist has key access by means of the 'gold Box' security system. Only the R Pharmacist has a key to the pharmacy.

PINK SHEET ISSUED (circle one) YES NO DATE

Daniel M. Yocum
PERSON IN CHARGE

DATE 3-13-95 Parlick
INSPECTOR



1419
GIANT EAGLE PHARMACY
2061 ELM ROAD
WARREN, OH 44483
(216) 372-7003

[illegible]

2-13-17
 2-13-17
 2-13-17

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY, 77 S. HIGH ST., 17TH FLOOR, COLUMBUS, OHIO 43266-0320 - (614)466-4143

DDD#: 02-825300
NAME:
R.P.:
ADD:

pg. 2

PHONE		TIME IN	A.M.	TIME OUT	A.M.
216					
TYPE		FED. #	EXP. DATE		
HOURS OPEN		(DAILY)	(SAT.)	(SUN. & HOLIDAYS)	
RESPONSIBLE PERSON:			TITLE		

CNTY:

PERSONNEL

TITLE/I.D. NO.

PERSONNEL

TITLE/I.D. NO.

ORIGINAL Start up February 26, 1995

- 1. LICENSES
- 2. I.D. CARDS
- 3. RECORD SYSTEM
- 4. BARRICADE
- 5. MIN. STANDARDS
- 6. SECURITY
- 7. LIBRARY
- 8. CLEANLINESS
- 9. REFRIGERATION
- 10. ACCOUNTABILITY
- 11. IMPROPER DISPENSING
- 12. INSUFFICIENT SUPERVISION
- 13. INVENTORY RECORDS
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- 31. REFILLS - 6 MO/5X
- 32. REFILLS - INT/DATE
- 33. REFILLS - U A
- 34. EMERGENCY KIT
- 35. CONTINGENCY KIT
- 36. NON-REG. DISPENSING

#7-OK #8-OK #9-OK
#10 - The pharmacy has all C-II drugs secured in a pharmacy safe with a perpetual inventory completed daily & monthly review by Resp. Person. There file system in place with the file # system numbers noted as C-II - 2 million series, C-III-V 4 million series, legend 6 million series, 8 million series are OTC products.
#11 -
DEA Inventory O Balance with opening of store 2-26-95
Wholesaler - Fox Meyer
Rx Daily - 50

PINK SHEET ISSUED (circle one) YES NO DATE

Daniel M. Yocum DATE 3-13-95 Paul
PERSON IN CHARGE INSPECTOR

PHA 0610 (REV. 01/93) White - Office Copy Yellow - Inspector Copy Green - Distributor Copy Pink - Individual Copy

Figure 1. The effect of the number of trials on the mean number of correct responses for the 100% condition. The number of trials was 10, 20, 30, 40, 50, 60, 70, 80, 90, 100, 120, 140, 160, 180, 200, 220, 240, 260, 280, 300, 320, 340, 360, 380, 400, 420, 440, 460, 480, 500, 520, 540, 560, 580, 600, 620, 640, 660, 680, 700, 720, 740, 760, 780, 800, 820, 840, 860, 880, 900, 920, 940, 960, 980, 1000, 1020, 1040, 1060, 1080, 1100, 1120, 1140, 1160, 1180, 1200, 1220, 1240, 1260, 1280, 1300, 1320, 1340, 1360, 1380, 1400, 1420, 1440, 1460, 1480, 1500, 1520, 1540, 1560, 1580, 1600, 1620, 1640, 1660, 1680, 1700, 1720, 1740, 1760, 1780, 1800, 1820, 1840, 1860, 1880, 1900, 1920, 1940, 1960, 1980, 2000, 2020, 2040, 2060, 2080, 2100, 2120, 2140, 2160, 2180, 2200, 2220, 2240, 2260, 2280, 2300, 2320, 2340, 2360, 2380, 2400, 2420, 2440, 2460, 2480, 2500, 2520, 2540, 2560, 2580, 2600, 2620, 2640, 2660, 2680, 2700, 2720, 2740, 2760, 2780, 2800, 2820, 2840, 2860, 2880, 2900, 2920, 2940, 2960, 2980, 3000, 3020, 3040, 3060, 3080, 3100, 3120, 3140, 3160, 3180, 3200, 3220, 3240, 3260, 3280, 3300, 3320, 3340, 3360, 3380, 3400, 3420, 3440, 3460, 3480, 3500, 3520, 3540, 3560, 3580, 3600, 3620, 3640, 3660, 3680, 3700, 3720, 3740, 3760, 3780, 3800, 3820, 3840, 3860, 3880, 3900, 3920, 3940, 3960, 3980, 4000, 4020, 4040, 4060, 4080, 4100, 4120, 4140, 4160, 4180, 4200, 4220, 4240, 4260, 4280, 4300, 4320, 4340, 4360, 4380, 4400, 4420, 4440, 4460, 4480, 4500, 4520, 4540, 4560, 4580, 4600, 4620, 4640, 4660, 4680, 4700, 4720, 4740, 4760, 4780, 4800, 4820, 4840, 4860, 4880, 4900, 4920, 4940, 4960, 4980, 5000, 5020, 5040, 5060, 5080, 5100, 5120, 5140, 5160, 5180, 5200, 5220, 5240, 5260, 5280, 5300, 5320, 5340, 5360, 5380, 5400, 5420, 5440, 5460, 5480, 5500, 5520, 5540, 5560, 5580, 5600, 5620, 5640, 5660, 5680, 5700, 5720, 5740, 5760, 5780, 5800, 5820, 5840, 5860, 5880, 5900, 5920, 5940, 5960, 5980, 6000, 6020, 6040, 6060, 6080, 6100, 6120, 6140, 6160, 6180, 6200, 6220, 6240, 6260, 6280, 6300, 6320, 6340, 6360, 6380, 6400, 6420, 6440, 6460, 6480, 6500, 6520, 6540, 6560, 6580, 6600, 6620, 6640, 6660, 6680, 6700, 6720, 6740, 6760, 6780, 6800, 6820, 6840, 6860, 6880, 6900, 6920, 6940, 6960, 6980, 7000, 7020, 7040, 7060, 7080, 7100, 7120, 7140, 7160, 7180, 7200, 7220, 7240, 7260, 7280, 7300, 7320, 7340, 7360, 7380, 7400, 7420, 7440, 7460, 7480, 7500, 7520, 7540, 7560, 7580, 7600, 7620, 7640, 7660, 7680, 7700, 7720, 7740, 7760, 7780, 7800, 7820, 7840, 7860, 7880, 7900, 7920, 7940, 7960, 7980, 8000, 8020, 8040, 8060, 8080, 8100, 8120, 8140, 8160, 8180, 8200, 8220, 8240, 8260, 8280, 8300, 8320, 8340, 8360, 8380, 8400, 8420, 8440, 8460, 8480, 8500, 8520, 8540, 8560, 8580, 8600, 8620, 8640, 8660, 8680, 8700, 8720, 8740, 8760, 8780, 8800, 8820, 8840, 8860, 8880, 8900, 8920, 8940, 8960, 8980, 9000, 9020, 9040, 9060, 9080, 9100, 9120, 9140, 9160, 9180, 9200, 9220, 9240, 9260, 9280, 9300, 9320, 9340, 9360, 9380, 9400, 9420, 9440, 9460, 9480, 9500, 9520, 9540, 9560, 9580, 9600, 9620, 9640, 9660, 9680, 9700, 9720, 9740, 9760, 9780, 9800, 9820, 9840, 9860, 9880, 9900, 9920, 9940, 9960, 9980, 10000. The number of trials was 10, 20, 30, 40, 50, 60, 70, 80, 90, 100, 120, 140, 160, 180, 200, 220, 240, 260, 280, 300, 320, 340, 360, 380, 400, 420, 440, 460, 480, 500, 520, 540, 560, 580, 600, 620, 640, 660, 680, 700, 720, 740, 760, 780, 800, 820, 840, 860, 880, 900, 920, 940, 960, 980, 1000, 1020, 1040, 1060, 1080, 1100, 1120, 1140, 1160, 1180, 1200, 1220, 1240, 1260, 1280, 1300, 1320, 1340, 1360, 1380, 1400, 1420, 1440, 1460, 1480, 1500, 1520, 1540, 1560, 1580, 1600, 1620, 1640, 1660, 1680, 1700, 1720, 1740, 1760, 1780, 1800, 1820, 1840, 1860, 1880, 1900, 1920, 1940, 1960, 1980, 2000, 2020, 2040, 2060, 2080, 2100, 2120, 2140, 2160, 2180, 2200, 2220, 2240, 2260, 2280, 2300, 2320, 2340, 2360, 2380, 2400, 2420, 2440, 2460, 2480, 2500, 2520, 2540, 2560, 2580, 2600, 2620, 2640, 2660, 2680, 2700, 2720, 2740, 2760, 2780, 2800, 2820, 2840, 2860, 2880, 2900, 2920, 2940, 2960, 2980, 3000, 3020, 3040, 3060, 3080, 3100, 3120, 3140, 3160, 3180, 3200, 3220, 3240, 3260, 3280, 3300, 3320, 3340, 3360, 3380, 3400, 3420, 3440, 3460, 3480, 3500, 3520, 3540, 3560, 3580, 3600, 3620, 3640, 3660, 3680, 3700, 3720, 3740,

CRIMINALS start up telephone 214, 25

[illegible]

1935-36 winter from the middle of January to the middle of March

James W. Smith

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY, 77 S. HIGH ST., 17TH FLOOR, COLUMBUS, OHIO 43266-0320 - PHONE (614)466-4143 / FAX (614)752-4836

TYPE:
DDD#: 02-0825300
NAME: Giant Eagle Pharmacy # 1419
R.P.:
ADDR: 2061 Elm Rd.
Warren Ohio 44483

PHONE 330 / 372 / 7003
TIME IN 1030 A.M.
TIME OUT 1200 P.M.
TYPE Retail Chain
FED.# BG 4325634
EXP. DATE 9-97
HOURS (DAILY) (SAT.) (SUN, & HOLIDAYS)
OPEN 9-9 9-6
RESPONSIBLE PERSON: Brent J. Swipas
TITLE/I.D. NO. RPh.
INIT. USED:

CAT: III
CNTY: Trumbull
CLASS: 05

PERSONNEL	INIT. USED	TITLE/ I.D.NO.	PERSONNEL	INIT. USED	TITLE/ I.D.NO.
Daniel M. Yocum		RPh 03-2 19456	* Agent Paulich will forward this information to the DEA Compliance Division.		

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
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32. REFILLS - INT/DATE
33. REFILLS - UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

#1-Current Posted

On this date Agent Paulich met w/ DAN Yocum RPh regarding the following shortage of a controlled C-II drug:
Sealed Mfrg vial of: Methylphenidate Hydrochloride 5mg TABs
Manufactured by MD Pharmaceuticals Inc
Santa Ana, Ca. 92704
Label # NDC - 43567-531-07
Lot # M531B10 Exp 2-00

RPh Yocum advised that the Mfrg sealed vial was opened by him & counted manually for 100 unit dose Rx. The vial showed a TOTAL of only 95 units.
This pharmacy runs a C-II manually prepared by RPh only perpetual log of accountability. No previous shortages w/this mfrg was noted by the RPh. A DEA Form #106 was prepared for the loss. See attached report.
The original mfrg. vial will be secured w/ the pharmacy through their next Biennial inventory.

PINK SHEET ISSUED FOR NUMBER: _____

DATE: _____

MAY 20 1997

Daniel M. Yocum RPh
PERSON IN CHARGE
DATE 5-15-97

Paulich
INSPECTOR

[illegible]

10

1. *Chlorophyll a* (Chl *a*)

[illegible]

1. *Journal of the American Medical Association*, 1997; 277: 1033-1037.

OSBP

U.S. DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION
REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCES

OMB APPROVAL
 No. 1117-0001

Federal Regulations require registrants to submit a detailed report of any theft or loss of Controlled Substances to the Drug Enforcement Administration. Complete the front and back of this form in triplicate. Forward the original and duplicate copies to the nearest DEA Office. Retain the triplicate copy for your records. Some states may also require a copy of this report.

DEA MANUAL AUTHORITY:
 Diversion Investigators 5124
 FFS: 630-02

1. NAME AND ADDRESS OF REGISTRANT (Include ZIP Code)

GIANT EAGLE Pharmacy # 1419
2061 ELM RD.
WARREN, OHIO

ZIP CODE

4 4 4 8 3

2. PHONE NO. (Include Area Code)

330-372-7003

3. DEA REGISTRATION NUMBER

2 ltr. prefix 7 digit suffix

B 6 4 3 2 5 6 3 4

4. DATE OF THEFT OR LOSS

5. PRINCIPAL BUSINESS OF REGISTRANT (Check one)

- 1 ☒ Pharmacy 5 ☐ Distributor
 2 ☐ Practitioner 6 ☐ Methadone Program
 3 ☐ Manufacturer 7 ☐ Other (specify)
 4 ☐ Hospital/Clinic

6. COUNTY IN WHICH REGISTRANT IS LOCATED

TRUMBULL

7. WAS THEFT REPORTED TO POLICE?

☐ YES ☒ NO

8. NAME AND TELEPHONE NUMBER OF POLICE DEPARTMENT (Include Area Code)

OHIO STATE BOARD of Pharmacy notified
614-466-4143 AGENT G. PAULICH

9. NUMBER OF THEFTS OR LOSSES REGISTRANT HAS EXPERIENCED IN THE PAST 24 MONTHS?

None

10. TYPE OF THEFT OR LOSS (Check one and complete items below as appropriate)

- 1 ☐ Night break-in 3 ☐ Employee pilferage 5 ☐ Other (Explain)
 2 ☐ Armed robbery 4 ☐ Customer theft 6 ☐ Lost in transit (Complete Item 14)

11. IF ARMED ROBBERY, WAS ANYONE

N/A

KILLED? ☒ No ☐ Yes (How many)INJURED? ☒ No ☐ Yes (How many)

12. PURCHASE VALUE TO REGISTRANT OF CONTROLLED SUBSTANCES TAKEN?

\$ **.96**

13. WERE ANY PHARMACEUTICALS OR MERCHANDISE TAKEN?

☐ No ☐ Yes (Est. Value)

14. IF LOST IN TRANSIT, COMPLETE THE FOLLOWING: **PACKAGE WAS IN SEALED MD PHARMACEUTICAL VIAL**

A. Name of Common Carrier

B. Name of Consignee

C. Consignee's DEA Registration Number

D. Was the carton received by the customer?

☐ Yes ☐ No

E. If received, did it appear to be tampered with?

☐ Yes ☐ No

F. Have you experienced losses in transit from this same carrier in the past?

☐ No ☐ Yes (How Many)

15. WHAT IDENTIFYING MARKS, SYMBOLS, OR PRICE CODES WERE ON THE LABELS OF THESE CONTAINERS THAT WOULD ASSIST IN IDENTIFYING THE PRODUCTS? **LIT # M531810**

EXP 2-00

> sealed mfrg. vial that shortage qty came in.

16. IF OFFICIAL CONTROLLED SUBSTANCE ORDER FORMS (DEA 222) WERE STOLEN, GIVE NUMBERS

N/A

17. WHAT SECURITY MEASURES HAVE BEEN TAKEN TO PREVENT FUTURE THEFTS OR LOSSES?

See ATTACHED OSBP inspection sheet for loss info.

The RPh on normal procedure opens mfrg. sealed C-II drug packages & count the dosage units prior to dispensing. This procedure is what alerted the RPh to the contents shortage of a sealed pkg of 100 units to an actual qty of 95

PRIVACY ACT INFORMATION

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (PL 91-513).
PURPOSE: Report theft or loss of Controlled Substances.

ROUTINE USES: The Controlled Substances Act authorizes the production of special reports required for statistical and analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:

- A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes
 B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes

EFFECT: Failure to report theft or loss of controlled substances may result in penalties under Section 402 and 403 of the Controlled Substances Act.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Records Management Section, Drug Enforcement Administration, Washington, D.C. 20537; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

2

LIST OF CONTROLLED SUBSTANCES LOST

Trade Name of Substance or Preparation	Name of Controlled Substance in Preparation	Dosage Strength and Form	Quantity
1. Examples: Dosoxyn	Methamphetamine Hydrochloride	5 Mg Tablets	3 x 100
2. Demerol	Meperidine Hydrochloride	50 Mg/ml Vial	5 x 30 ml
3. Robitussin A-C	Codeine Phosphate	2 Mg/cc Liquid	12 Pints
4. Ritalin	Methylphenidate Hydrochloride	5 mg TABs	5
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I certify that the foregoing information is correct to the best of my knowledge and belief.

Daniel M. Jocum - R.Ph.
Signature

STAFF PHARMACIST
Title

5-15-97
Date

U.S. Government Printing Office: 1990 — 282-057/25 36

7

JUN 18 1999

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY; 77 S. HIGH ST., 17TH FLOOR; COLUMBUS, OHIO 43266-0320 · PHONE 614/466-4143; FAX 614/752-4836

TYPE: DDD#: 02-0825300R NAME: Giant Eagle Pharmacy #1419 R.P.: 2061 Elm Rd ADDR: Warren Ohio 44483 CAT: III CNTY: TAUHOLL	PHONE (INCLUDE AREA CODE) 330-372-7003 TYPE RETAIL Chain HOURS OPEN 9-9 (DAILY) RESPONSIBLE PERSON Brent J. Supas RPh	TIME IN 11:00 P.M. FED.# BG 432 5634 TITLE/I.D. NO. RPh	TIME OUT 12:45 P.M. EXP. DATE 9-2000 (SUN. & HOLIDAYS) 9-6
---	--	--	---

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
DAN Yocum RPh.			Partial Inspection		
			(NEW Pharmacy within		
			(Same store & NEW Barricade)		

<div>1. LICENSING</div> <div>2. I.D. CARDS</div> <div>3. RECORD SYSTEM</div> <div>4. BARRICADE</div> <div>5. MIN. STANDARDS</div> <div>6. SECURITY</div> <div>7. LIBRARY</div> <div>8. CLEANLINESS</div> <div>9. REFRIGERATION</div> <div>10. ACCOUNTABILITY</div> <div>11. IMPROPER DISPENSING</div> <div>12. INSUFFICIENT SUPERVISION</div> <div>13. INVENTORY RECORDS</div> <div>14. DRUG DESTRUCTION</div> <div>15. ILLEGAL SALES</div> <div>16. ILLEGAL PURCHASES</div> <div>17. SAMPLES</div> <div>18. NON-REG COMPOUNDING</div> <div>19. Rx BLANKS</div> <div>20. IMPROPER Rx'S</div> <div>21. OUTDATED DRUGS</div> <div>22. DRUG LABELS</div> <div>23. Rx INFORMATION</div> <div>24. OTC/SYRINGES</div> <div>25. GENERIC MFG.</div> <div>26. Rx FILES</div> <div>27. Rx COPIES</div> <div>28. Rx INT/DATE</div> <div>29. DEA INVENTORY</div> <div>30. PHONED SCH II Rx</div> <div>31. REFILLS - 6MO/5X</div> <div>32. REFILLS - INT/DATE</div> <div>33. REFILLS - UA</div> <div>34. EMERGENCY KIT</div> <div>35. CONTINGENCY KIT</div> <div>36. NON-REG DISPENSING</div> <div>37. COUNSELING</div>	<p>On this date the pharmacy new Barricade was inspected.</p> <p>The pharmacy is being moved to a central location within the Giant Eagle store.</p> <p>The new barricade consists of a wireless alarm system with three wall mounted sensors. The alarm is controlled through State Alarm. The alarm has a RPh individual controlled * access code pad.</p> <p>The barricade has a counseling room access window that is secured with the slider window lock, secured from within the pharmacy by the RPharmacist.</p> <p>The pharmacy has a wrap around barricade grate that is secured by pin at the one end & Two Floor pin locks with dead bolt</p> <p>Key controlled end of line security.</p>
--	--

PERSON IN CHARGE Brent J. Supas	DATE 6-14-99	INSPECTOR Paulink
------------------------------------	-----------------	----------------------

PHA-0610 (Rev. 12/97) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY GREEN - DISTRIBUTOR COPY PINK - INDIVIDUAL COPY

JUN 18 1999

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY; 77 S. HIGH ST., 17TH FLOOR; COLUMBUS, OHIO 43266-0320 - PHONE 614/466-4143; FAX 614/752-4836

TYPE: DDD#: 02-0825300 NAME: R.P.: ADDR: CAT: CNTY:	PHONE (INCLUDE AREA CODE)	TIME IN	A.M. P.M.	TIME OUT	A.M. P.M.
	TYPE		FED.#		EXP. DATE
	HOURS OPEN		(DAILY)	(SAT.)	(SUN. & HOLIDAYS)
	RESPONSIBLE PERSON		TITLE/I.D. NO.		INIT. USED

pg. 2

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

- 1. LICENSING
- 2. I.D. CARDS
- 3. RECORD SYSTEM
- 4. BARRICADE
- 5. MIN. STANDARDS
- 6. SECURITY
- 7. LIBRARY
- 8. CLEANLINESS
- 9. REFRIGERATION
- 10. ACCOUNTABILITY
- 11. IMPROPER DISPENSING
- 12. INSUFFICIENT SUPERVISION
- 13. INVENTORY RECORDS
- 14. DRUG DESTRUCTION
- 15. ILLEGAL SALES
- 16. ILLEGAL PURCHASES
- 17. SAMPLES
- 18. NON-REG COMPOUNDING
- 19. Rx BLANKS
- 20. IMPROPER Rx'S
- 21. OUTDATED DRUGS
- 22. DRUG LABELS
- 23. Rx INFORMATION
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- 25. GENERIC MFG.
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- 28. Rx INT/DATE
- 29. DEA INVENTORY
- 30. PHONED SCH II Rx
- 31. REFILLS - 6MO/5X
- 32. REFILLS - INT/DATE
- 33. REFILLS - UA
- 34. EMERGENCY KIT
- 35. CONTINGENCY KIT
- 36. NON-REG DISPENSING
- 37. COUNSELING

Revised the large Bay service window
laminated metal grate. The screen is
drawn down to a secured position on
the window ledge. Once Key secured, the
window was able to be forced toward
the pharmacy & hand access gained into
any items below this area.
Discussed this concern w/ the Reception
RPh & construction personnel. A 1/4 inch
bolt will be installed into the window
ledge to prevent access. The laminate is
Approved as view & discussed on
this date

☐ PINK SHEET ISSUED FOR NUMBER(S): DATE:

PERSON IN CHARGE: *[Signature]* DATE: 6-14-99 INSPECTOR: *[Signature]*

PHA-0610 (Rev. 12/97) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY GREEN - DISTRIBUTOR COPY PINK - INDIVIDUAL COPY

- 2 -

CHECK ONE:

YES	NO
	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	

Slot is provided for drop-in prescriptions.

Suitable notice of operating hours to public is posted.

Notice of emergency service is posted.

I, Brent Swipas, R.Ph./Owner, have been informed of and understand the following requirements:

- (1) No prescription item may be sold when the prescription department is closed.
- (2) No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
- (3) No prescription may be left outside the barricade for customer pick-up.
- (4) No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
- (5) No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Rules 4729-17-03 and 4729-17-07 of the Ohio Administrative Code.
- (6) Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
- (7) All dangerous drugs are to be stored within a barricaded area.

Brent Swipas
(Signature of R.Ph./Owner)

6.14.99 12:45 pm
(Date/Time)

I, Paula, COMPLIANCE AGENT, FIND THIS BARRICADE TO COMPLY WITH ALL REQUIREMENTS OF RULE 4729-9-11 OF THE OHIO ADMINISTRATIVE CODE.

COMMENTS:

(PLACE STORE STICKER HERE)

JUL 1 1 2000

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY; 77 S. HIGH ST., 17TH FLOOR; COLUMBUS, OHIO 43266-0320 - PHONE 614/466-4143; FAX 614/752-4836

TYPE: DDD#: 02-08253009 NAME: GIANT EAGLE Pharmacy R.P.: 2061 Elm Rd ADDR: Warren, Ohio 44483	PHONE (INCLUDE AREA CODE) 330-372-7003	TIME IN 11:15 P.M. OUT 12:30 P.M.	TIME A.M. A.M.
CAT: III CNTY: TRUMBULL	CLASS: 05	RESPONSIBLE PERSON Brent Swipias RPh	TITLE/I.D. NO. BG 4325634

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
			Return Rx files Ref OSBP Case # 99-2024		
			* Destroy Controlled substances as requested by RPh		

- 1. LICENSING
- 2. I.D. CARDS
- 3. RECORD SYSTEM
- 4. BARRICADE
- 5. MIN. STANDARDS
- 6. SECURITY
- 7. LIBRARY
- 8. CLEANLINESS
- 9. REFRIGERATION
- 10. ACCOUNTABILITY
- 11. IMPROPER DISPENSING
- 12. INSUFFICIENT SUPERVISION
- 13. INVENTORY RECORDS
- 14. DRUG DESTRUCTION
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- 30. PHONED SCH II Rx
- 31. REFILLS - 6MO/5X
- 32. REFILLS - INT/DATE
- 33. REFILLS - UA
- 34. EMERGENCY KIT
- 35. CONTINGENCY KIT
- 36. NON-REG DISPENSING
- 37. COUNSELING

On this date, RPh Swipias requested a destruction of Controlled Substances, which was completed on this date. See attached DEA #41

On this date the following original files & accountability from BPE A Drug Store was also returned to the pharmacy as follows:

Controlled Drug Inventory dated 1-3-98

Rx-CII spindles - all of the 2 million series (5 spindles)

Rx-III-V spindles - 4 million series (19 spindles)

Files were secured in the Basement security locker.

☐ PINK SHEET ISSUED FOR NUMBER(S): _____ DATE: _____

Brent J Swipias DATE 7-3-00 Pawlik
PERSON IN CHARGE INSPECTOR

PHA-0610 (Rev. 12/97) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY GREEN - DISTRIBUTOR COPY PINK - INDIVIDUAL COPY

02-08-2001

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02-08-2001

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY		
				DISPOSITION	QUANTITY	
					GMS.	MGS.
	2	3	4	5	6	7
17						
18						
19						
20						
21						
22						
23						
24						

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in 11 packages purporting to contain the drugs listed on this inventory and have been: ~~**(1) Forwarded tape sealed without opening;~~
~~(2) Destroyed as indicated and the remainder forwarded tape sealed after verifying contents;~~ (3) Forwarded tape sealed after verifying contents.

DATE July 3 2000

DESTROYED BY:

Paychik Agent OSBP
BJS

WITNESSED BY:

~~** Strike out lines not applicable.~~

INSTRUCTIONS

- List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3; e.g., morphine sulfate tabs., 3 pkgs., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 83 tabs., 1/2 gr. (32 mg.), etc.
- All packages included on a single line should be identical in name, content and controlled substance strength.
- Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any further inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
- There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
- Drugs should be shipped tape-sealed via prepaid express or certified mail (return receipt requested) to Special Agent In Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (P.L. 91-513).
PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.
ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated.
A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Drug Enforcement Administration, Records Management Section, Washington, D.C. 20537; and to the Office of Management and Budget, Paperwork Reduction Project No. 1117-0007, Washington, D.C. 20503.

U.S. Government Printing Office: 1989-241-707/08908

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO STATE BOARD OF PHARMACY; 77 S. HIGH ST., 17TH FLOOR; COLUMBUS, OHIO 43266-0320 · PHONE 614/466-4143; FAX 614/752-4836

TYPE:

DDD#: 02-0825300P

NAME:

R.P.: Giant Eagle Pharmacy #1419

ADDR: 2061 Elm Rd.

Warren, Ohio 44483

PHONE (INCLUDE AREA CODE)

330-372-7003

TIME

A.M.

IN

9:15

P.M.

TIME

A.M.

OUT

10:30

P.M.

TYPE

Chain

FED.#

BG 4325634

EXP. DATE 9-2000

HOURS
OPEN

(DAILY)

9-9

(SAT.)

(SUN. & HOLIDAYS)

9-6

CAT: III

CLASS: 05

CNTY: TROMBULL

RESPONSIBLE PERSON

Brent J. Swipas RPh 18335

TITLE/I.D. NO.

INIT. USED

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

Daniel Yocum

RPh. 19456

* The pharmacy has PDX software on two computer monitors for all patient dispensing. SEP - 2 1998

(Partial Insp)

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
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32. REFILLS - INT/DATE
33. REFILLS - UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

- On 8-17-98 RPh Swipas contacted OSBP Agent Pavlich regarding a C-II shortage of - Methylphenidate 5mg Tabs TOTAL 56 Tabs.

- An in-house security review w/ Bill Dorlich Giant Eagle Security was conducted this past week. Additional security documentation being noted by the RPh on the actual C-II Rx which includes qty dispensed plus remaining qty in vial.

The pharmacy also has a C-II perpetual log & all C-II drugs are secured in the RPh only controlled VAULT.

See OSBP Case #

- A Full inspection was last conducted in this pharmacy on 5-15-97.

PINK SHEET ISSUED FOR NUMBER(S):

DATE:

Brent J. Swipas
PERSON IN CHARGE

DATE

8-24-98

Pavlich
INSPECTOR

PHA-0610 (Rev. 03/97)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

U.S. DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION
REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCES

OMB APPROVAL
No. 1117-0001

Federal Regulations require registrants to submit a detailed report of any theft or loss of Controlled Substances to the Drug Enforcement Administration.
 Complete the front and back of this form in triplicate. Forward the original and duplicate copies to the nearest DEA Office. Retain the triplicate copy for your records. Some states may also require a copy of this report.

DEA MANUAL AUTHORITY
 Diversion Investigators 5124
 FFS 630 02

1. NAME AND ADDRESS OF REGISTRANT (Include ZIP Code) GIANT Eagle Pharmacy 2061 ERM RD. WARREN, OHIO <div style="text-align: right; margin-top: 10px;"> 02-0825301 ZIP CODE <div style="border: 1px solid black; display: inline-block; padding: 2px;">49783</div> </div>		2. PHONE NO. (Include Area Code) <div style="text-align: center; font-size: 1.2em;">330-372-7003</div>	
3. DEA REGISTRATION NUMBER <div style="display: flex; justify-content: space-between;"> <div>2 ltr. prefix <div style="border: 1px solid black; display: inline-block; padding: 2px;">BG</div></div> <div>7 digit suffix <div style="border: 1px solid black; display: inline-block; padding: 2px;">4325634</div></div> </div>	4. DATE OF THEFT OR LOSS <div style="text-align: center;">NOTED AS MISSING 8.13.98</div>	5. PRINCIPAL BUSINESS OF REGISTRANT (Check one) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Pharmacy <input type="checkbox"/> Practitioner <input type="checkbox"/> Manufacturer <input type="checkbox"/> Hospital/Clinic </div> <div> <input type="checkbox"/> Distributor <input type="checkbox"/> Methadone Program <input type="checkbox"/> Other (specify) </div> </div>	
6. COUNTY IN WHICH REGISTRANT IS LOCATED TRUMBULL	7. WAS THEFT REPORTED TO POLICE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	8. NAME AND TELEPHONE NUMBER OF POLICE DEPARTMENT (Include Area Code) WARREN P.D. 330-394-2521 <div style="text-align: right;">OSBP AGENT G. PAULICH 330-757-0629</div>	
9. NUMBER OF THEFTS OR LOSSES REGISTRANT HAS EXPERIENCED IN THE PAST 24 MONTHS? <div style="text-align: center; font-size: 1.2em;">NO</div>	10. TYPE OF THEFT OR LOSS (Check one and complete items below as appropriate) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Night break in <input type="checkbox"/> Armed robbery </div> <div> <input type="checkbox"/> Employee pilferage <input type="checkbox"/> Customer theft </div> <div> <input checked="" type="checkbox"/> Other (Explain) UNKNOWN <input type="checkbox"/> Lost in transit (Complete Item 14) </div> </div>		
11. IF ARMED ROBBERY, WAS ANYONE: KILLED? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (How many) _____ INJURED? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (How many) _____		12. PURCHASE VALUE TO REGISTRANT OF CONTROLLED SUBSTANCES TAKEN? <div style="text-align: center;">\$ 11.21</div>	13. WERE ANY PHARMACEUTICALS OR MERCHANDISE TAKEN? <input type="checkbox"/> No <input type="checkbox"/> Yes (Est. Value) \$ _____
14. IF LOST IN TRANSIT, COMPLETE THE FOLLOWING:			
A. Name of Common Carrier	B. Name of Consignee	C. Consignee's DEA Registration Number	
D. Was the carton received by the customer? <input type="checkbox"/> Yes <input type="checkbox"/> No	E. If received, did it appear to be tampered with? <input type="checkbox"/> Yes <input type="checkbox"/> No	F. Have you experienced losses in transit from this same carrier in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes (How Many) _____	
15. WHAT IDENTIFYING MARKS, SYMBOLS, OR PRICE CODES WERE ON THE LABELS OF THESE CONTAINERS THAT WOULD ASSIST IN IDENTIFYING THE PRODUCTS? <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Price Code 110-1575</div> <div>00135215</div> <div>118 33.29</div> <div>4-2014X</div> <div>McKesson-Wholesaler</div> </div>			
16. IF OFFICIAL CONTROLLED SUBSTANCE ORDER FORMS (DEA 222) WERE STOLEN, GIVE NUMBERS <div style="text-align: center; font-size: 1.2em;">NO</div>			

17. WHAT SECURITY MEASURES HAVE BEEN TAKEN TO PREVENT FUTURE THEFTS OR LOSSES?
*Perpetual log presently in place with RPh only documentation
 RPh only control access to the C-II unit
 ALL C-II Rx's now have the Dispensed Qty written in the script with remaining qty in the UML Also noted.*

PRIVACY ACT INFORMATION

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (PL 91-513)
PURPOSE: Report theft or loss of Controlled Substances
ROUTINE USES: The Controlled Substances Act authorizes the production of special reports required for statistical and analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:
 A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
 B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
EFFECT: Failure to report theft or loss of controlled substances may result in penalties under Section 402 and 403 of the Controlled Substances Act

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Records Management Section, Drug Enforcement Administration, Washington, D.C. 20537; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503

LIST OF CONTROLLED SUBSTANCES LOST

Trade Name of Substance or Preparation	Name of Controlled Substance in Preparation	Dosage Strength and Form	Quantity
Examples: Desoxyn	Methamphetamine Hydrochloride	5 Mg Tablets	3 x 100
Demerol	Meperidine Hydrochloride	50 Mg/ml Vial	5 x 30 ml
Robitussin A-C	Codeine Phosphate	2 Mg/cc Liquid	12 Pints
1. Ritalin	Methylphenidate Hydrochloride	5mg TABS	56
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I certify that the foregoing information is correct to the best of my knowledge and belief.

Brent J. Swipes

Signature

Pharmacy Manager

Title

8/24/98

Date

George Pavlich

Agent OSBP

8-24-98

U.S. Government Printing Office: 1990 — 282-067/26156

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: Terminal Distributor DDD#: 02-0825300 NAME: GIANT EAGLE PHARMACY #1419 R.P.: 2061 Elm Road ADDR: WARREN OHIO 44483 CAT: III CLASS: 05 CNTY: TAUMAHILL	AREA CODE / TELEPHONE NUMBER 330-372 7003 TIME IN 10:00 A.M. P.M. TIME OUT 12:30 A.M. P.M. TYPE RTPC FED. # BG 4325634 HOURS OPEN 9-9m-7 9-7 SAT 9-5 SUN FAX NUMBER 330-372-7818 EMAIL
---	--

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
LINDA LEE RHODES RPH		03.3.14326	Resp Person RPH		
MELINDA L. LOZZI RPH		03.2.21539	MICHAEL RUBESICH RPH		03.3-22049 ^{Horton RPH}
DENNIS NISBETT RPH		03.2-14302	Rebecca MADEL RPH		03.3.31174 ^{Floatec RPH}

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
20. IMPROPER Rx's
21. OUTDATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGES
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED C-II Rx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

F ☐ **Comp** P ☐

- The Federal & STATE licenses are current

- ON THIS DATE AN INSPECTION WAS COMPLETED OF A NEW PHARMACY LOCATION WITHIN THIS SAME G.EAGLE STORE. THE PHARMACY WILL MOVE INTO THE NEW PHARMACY ON SUNDAY DEC 4. THE CURRENT LOCATION WILL BE UNDATED UNDER RPH SUPERVISION AT 3:00 PM & ALL RECORDS, DRUGS, & SUPERVISION WILL TRANSFER TO THE NEW PHARMACY. THE NEW PHARMACY HAS ONE STAND ALONE RPH #CODE ACCESS PANEL WITH MAGNETIC & WALL MOUNTED EYE SENSORS THROUGH-OUT THE RPH SECURED PHARMACY. THE OPENED AREA OF THE PHARMACY IS SECURED WITH ONE METAL WRAP AROUND GATE THAT HAS GATE PINS SECURED TO THE CONCRETE FLOOR & DEAD BOLT KEY SECURED LOCKS AT THE CLOSURE WALL. TESTED & SECURE

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

 SIGNATURE OF PERSON IN CHARGE	 SIGNATURE OF INSPECTOR
DATE	DATE

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

CONFIDENTIAL - ATTORNEY WORK PRODUCT

CONFIDENTIAL - ATTORNEY WORK PRODUCT

CONFIDENTIAL - ATTORNEY WORK PRODUCT

CONFIDENTIAL - ATTORNEY WORK PRODUCT

CONFIDENTIAL - ATTORNEY WORK PRODUCT

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DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.
DDD#:			P.M.		P.M.
NAME: 02-0825300	TYPE	FED. #	EXP. DATE		
R.P.:					
ADDR:					
CAT:	CLASS:				
CNTY:					

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING 2. I.D. CARDS 3. RECORD SYSTEM 4. BARRICADE 5. MIN. STANDARDS 6. SECURITY 7. LIBRARY 8. CLEANLINESS 9. REFRIGERATION 10. ACCOUNTABILITY 11. IMPROPER DISPENSING 12. INSUFFICIENT SUPERVISION 13. INVENTORY RECORDS 14. DRUG DESTRUCTION 15. ILLEGAL SALES 16. ILLEGAL PURCHASES 17. SAMPLES 20. IMPROPER Rx's 21. OUTDATED DRUGS 22. DRUG LABELS 23. Rx INFORMATION 24. OTC/SYRINGES 26. Rx FILES 27. Rx COPIES 28. Rx INT/DATE 29. DEA INVENTORY 30. PHONED C-II Rx 31. REFILLS-6MO/5X 32. REFILLS-INT/DATE 33. REFILLS-UA 37. COUNSELING 38. PSE SALES 39. OARRS 40. CONFIDENTIALITY F <input type="checkbox"/> P <input type="checkbox"/>	<p>on this date. The gate Key & code to the State Alarm system are now in possession of the STAFF RPh's in this store. RPh's for no reason shall allow Key-code access to the new pharmacy by anyone unlicensed at this point in time. The barricade walls are secured from the floor to the roof deck. VISUAL inspection approved at this time. See Rx room insp Barricade report. Approved.</p> <p>- Wholesaler - McKesson drug</p> <p>- DEA-222 forms are properly documented & RPhs reviewed w/attached invoice & RPh initials.</p> <p>- Rx returns thru MED-TUAN INC.</p>
---	--

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	DATE		DATE
SIGNATURE OF PERSON IN CHARGE		SIGNATURE OF INSPECTOR	

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

On my birthday I was very much surprised
to find that I had been invited to
dinner at the home of Mr. & Mrs. [unclear]
and that I was to have a very pleasant
evening.

Journal of Management Education 30(6)

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836



TYPE: DDD#: NAME: 02-0825300 R.P.: ADDR:	Pg. 3	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.
				P.M.		P.M.
		TYPE		FED. #	EXP. DATE	
		HOURS OPEN				
CAT: CNTY:	CLASS:	FAX NUMBER		EMAIL		

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

<div>1. LICENSING</div> <div>2. I.D. CARDS</div> <div>3. RECORD SYSTEM</div> <div>4. BARRICADE</div> <div>5. MIN. STANDARDS</div> <div>6. SECURITY</div> <div>7. LIBRARY</div> <div>8. CLEANLINESS</div> <div>9. REFRIGERATION</div> <div>10. ACCOUNTABILITY</div> <div>11. IMPROPER DISPENSING</div> <div>12. INSUFFICIENT SUPERVISION</div> <div>13. INVENTORY RECORDS</div> <div>14. DRUG DESTRUCTION</div> <div>15. ILLEGAL SALES</div> <div>16. ILLEGAL PURCHASES</div> <div>17. SAMPLES</div> <div>20. IMPROPER Rx's</div> <div>21. OUTDATED DRUGS</div> <div>22. DRUG LABELS</div> <div>23. Rx INFORMATION</div> <div>24. OTC/SYRINGES</div> <div>26. Rx FILES</div> <div>27. Rx COPIES</div> <div>28. Rx INT/DATE</div> <div>29. DEA INVENTORY</div> <div>30. PHONED C-II Rx</div> <div>31. REFILLS-6MO/5X</div> <div>32. REFILLS-INT/DATE</div> <div>33. REFILLS-UA</div> <div>37. COUNSELING</div> <div>38. PSE SALES</div> <div>39. OARRS</div> <div>40. CONFIDENTIALITY</div> <div>F <input type="checkbox"/></div> <div>P <input type="checkbox"/></div>	<div>- Approx 2100 New/refill Rx's weekly</div> <div>- The last DEA inventory was filed on 5-1-2011 as an opening of business</div> <div>- Power of Attorney documents are on file.</div>
---	---

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IF BOX IS CHECKED, **THE DISTRIBUTOR** SHALL CORRECT ITEM(S) INDICATED AND **RETURN THE PINK COPY**, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE **WITHIN 20 DAYS** FROM DATE ISSUED.

	DATE		DATE
SIGNATURE OF PERSON IN CHARGE		SIGNATURE OF INSPECTOR	

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

Page 1

2022.08.20

There is a significant risk of
the company's financial performance
being negatively impacted by
the current market conditions.

2022.08.20

2022.08.20

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: <i>12-01-2011</i>	T.D.D.D. #: <i>02-0825300</i>
BOARD AGENT: <i>Parbell</i>	D.E.A. #: <i>BG 4325634</i>

YES NO (CHECK ONE)

*Approved on this date***LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:**

- ☒ ☐ Key in sealed envelope in safe. *Geo metal code Access by RPh.*
- ☒ ☐ All items requiring R.Ph. supervision are inside barricade.
- ☒ ☐ Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- ☐ ☐ Minimum of seven (7) feet in height.
- ☒ ☐ Fully enclosed.
- ☒ ☐ Suitable locks are provided.
- ☒ ☐ Prescription department cannot be entered when locked without obvious damage to barricade.
- ☒ ☐ No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

ELECTRONICS:

- ☒ ☐ This is a company-owned system.
If no, leased from who? *State Alarm*
- ☒ ☐ This is a ☐ HARDWIRE / ☐ WIRELESS / ☒ BOTH system. (check one)
- ☒ ☐ There is a functional emergency "hold up" button. *on code Box*
- ☒ ☐ System is in operation at all times when R.Ph. is not present.
- ☒ ☐ Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?
State Alarm, Local PD, RPh
- ☒ ☐ Only pharmacists possess access code to prescription room.
- ☒ ☐ System was tested this date. Date system was last tested? *12-1-2011*
- ☐ ☒ Slot is provided for drop-in prescriptions.
- ☒ ☐ Suitable notice of operating hours to public is posted.
- ☒ ☐ Notice of emergency service is posted.

PLEASE PLACE STICKER/STAMP HERE

Comments: Moving into new building/Attended Pharmacy on 12-4-2011 After 3:00pm

(Signature of Board Agent)

12.1.2011

(Title)

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:

BARRICADE APPROVAL:

(Signature of R.Ph./Owner)

(Date and Time of Signature)

12.1.2011 11:15 Am

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pickup.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.

I have been informed of and understand the following requirements:

R.Ph./OWNER STATEMENT OF UNDERSTANDING:

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

OHIO STATE BOARD OF PHARMACY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY: 77 SOUTH HIGH STREET, RM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DD

DDD#: 020885700

NAME: Giant Eagle Pharmacy #1435

R.P.: Susan A. Fields (R.Ph.)

ADDR: 7229 Warren-Sharon Rd
Brookfield, OH 44403

AREA CODE / TELEPHONE NUMBER

330 448 6480

TIME IN

11:15

TIME OUT

1:15

TYPE

Retail Chain

FED. #

BG4676245

EXP. DATE

09-30-2014

HOURS

OPEN

Mon-Fri 9a-9p

SAT 9a-7p

SUN 9a-5p

FAX NUMBER

330 448-5291

EMAIL

CAT: III

CLASS: 05

CNTY: (73) Tarrant

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
<u>Susan A. Fields (R.Ph.)</u>		<u>0321873</u>			
<u>Barbara A. McAndrew (R.Ph.)</u>		<u>03219699</u>			

- LICENSING
- I.D. CARDS
- RECORD SYSTEM
- BARRICADE
- MIN. STANDARDS
- SECURITY
- LIBRARY
- CLEANLINESS
- REFRIGERATION
- ACCOUNTABILITY
- IMPROPER DISPENSING
- INSUFFICIENT SUPERVISION
- INVENTORY RECORDS
- DRUG DESTRUCTION
- ILLEGAL SALES
- ILLEGAL PURCHASES
- SAMPLES
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- Rx INT/DATE
- DEA INVENTORY
- PHONED C-II Rx
- REFILLS-6MO/5X
- REFILLS-INT/DATE
- REFILLS-UA
- COUNSELING
- PSE SALES
- OARRS
- CONFIDENTIALITY

Full ☒ Partial ☐

1. State and Federal licenses are current and posted for inspection.

2. R.Ph.'s Fields and McAndrew are carrying valid signal I.D. cards.

3. Computer software used is Enterprise Pharmacy System by PAX version 2.5.06.11 build No. 2506-568. 7 terminals are maintained for data. Daily log reports along with our override reports are maintained and signed by (all) practicing R.Ph.'s. Patient profiles can be obtained immediately upon request going back 2+ years. Additional data can be obtained by request.

4. Barricade inspection report completed this date. Physical barricade approved.

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SIGNATURE OF PERSON IN CHARGE

DATE

SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY

PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

37. COUNSELING

38. PSE SALES

39. OARRS

40. CONFIDENTIALITY

Full ☐ Partial ☐

Order of a box is used. This box contains various records of accountability to include C-II-XI invoices, Patient of Atty forms, and

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DATE

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DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY: 77 SOUTH HIGH STREET, RM 1702: COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:

DDD# 020885700

NAME: Giant Eagle Pharmacy #1435

R.P.:

ADDR:

AREA CODE / TELEPHONE NUMBER

TIME IN

A.M.

TIME OUT

A.M.

P.M.

P.M.

TYPE

FED. #

EXP. DATE

HOURS

OPEN

FAX NUMBER

EMAIL

CAT:

CNTY (13) Trumbull

CLASS:

3 of 3

PERSONNEL

INIT.
USED

TITLE/
I.D. NO.

PERSONNEL

INIT.
USED

TITLE/
I.D. NO.

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
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32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☐ Partial ☐

10 comm.

Annual Controlled drug inventory.

21. Drug Stock reviewed for outdates.

23. C-II - V RX Files reviewed this date

26. A 3part RX Filling System is in place

29. DEA Inventory Conducted 10/26/2013 after
the closing of business by R.A. Fields.

39. Both R.A. Fields and McAnany are registered
and able to use OARRS

This pharmacy fill approximately 250 RX's
daily. About 40 % are refill RX's

Wholesale Sales used: McKesson + Andia

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SIGNATURE OF PERSON IN CHARGE

DATE

SIGNATURE OF INSPECTOR

DATE

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PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, RM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:

DDD# 020885100

NAME: Giant Eagle Pharmacy #1435

R.P.:

ADDR:

AREA CODE / TELEPHONE NUMBER

TIME IN

A.M.

TIME OUT

A.M.

P.M.

P.M.

TYPE

FED. #

EXP. DATE

HOURS
OPEN

FAX NUMBER

EMAIL

CAT:

CNTY (18) Trumbull

CLASS:

2 of 3

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
20. IMPROPER Rx's
21. OUTDATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGES
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED C-II Rx
31. REFILLS-GMO/SX
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☐ Partial ☐

5. Minimum Standards met

6. Note: The theft of drugs is a felony and must be reported immediately upon discovery to the Board of Pharmacy via telephone. If a controlled substance is involved the DEA must be notified.

No recent criminal offenses have been reported

7. Laws are accessed by way of the internet as reviewed with R.Ph. Fields.

8. OK 9. OK

10. DEA 222 forms are manually executed and kept in good

Order. A box labeled "Pharmacy Controlled drug records box"

is used. This box contains various records of accountability

to include C-II-II invoices, Power of Atty forms, and

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE

DATE

SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY

PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: TERMINAL DISTRIBUTOR
 DDD#: 02-0885700
 NAME: GIANT EAGLE PHARMACY #1435
 R.P.:
 ADDR: 7229 Sharon-Warren RD.
Brookfield Ohio 44403

AREA CODE / TELEPHONE NUMBER 330-448-6480 TIME IN 1130 AM TIME OUT 230 PM

TYPE RTPC FED. # BG4676245 EXP. DATE 9-11

HOURS OPEN M-79.9 SAT 9-7 SUN 9-5

FAX NUMBER 330-448-5291 EMAIL

CAT: III
 CNTY: 78

CLASS: 05

PERSONNEL	Rx INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
<u>BARBARA McAWANY RPh</u>	<u>Rx</u> <u>03-2-</u>	<u>19699</u>			
<u>Brenton Cornwell RPh</u>	<u>BIC</u>	<u>26829</u>			

1. LICENSING 3/14/11
2. I.D. CARDS yes
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS OK
6. SECURITY
7. LIBRARY 328-11
8. CLEANLINESS
9. REFRIGERATION PS
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
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31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

- The federal & state licenses are current

- The pharmacy has PDX software with 4 patient dispensing computers within the pharmacy. Records are secured within the pharmacy.

- The pharmacy has a physical barricade w/ one key access door and one metal screen to secure the service bay window.

- This pharmacy has no drive up service. The pharmacy has multiple hard drive mounted security cameras within the pharmacy. A hardware & sensor alarm system with 24hr State Alarm is activated & RPh only controlled.

- Refig unit is secured & OK in the pharmacy.

- Remind Dispensing Authentication loop - OK. RPh signature review & chronological order / dual signature review justification is completed

- Approx 1800 new/fill dispensing weekly (321 one day high dispensing 3-8 with two other pharmacists)

F ☒ FM P ☐ PS

☒ PINK SHEET ISSUED FOR NUMBER(S): #29-12

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE

DATE

SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 02-0885700 NAME: Pg. 2 R.P.: ADDR:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">AREA CODE / TELEPHONE NUMBER</td> <td style="width: 10%;">TIME IN</td> <td style="width: 10%;">A.M.</td> <td style="width: 10%;">TIME OUT</td> <td style="width: 10%;">A.M.</td> </tr> <tr> <td></td> <td></td> <td>P.M.</td> <td></td> <td>P.M.</td> </tr> <tr> <td colspan="2">TYPE</td> <td colspan="2">FED. #</td> <td>EXP. DATE</td> </tr> <tr> <td colspan="5">HOURS OPEN</td> </tr> <tr> <td colspan="2">FAX NUMBER</td> <td colspan="3">EMAIL</td> </tr> </table>	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.			P.M.		P.M.	TYPE		FED. #		EXP. DATE	HOURS OPEN					FAX NUMBER		EMAIL		
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		P.M.		P.M.																						
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HOURS OPEN																										
FAX NUMBER		EMAIL																								
CAT: CNTY:	CLASS:																									

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

<ol style="list-style-type: none"> 1. LICENSING 2. I.D. CARDS 3. RECORD SYSTEM 4. BARRICADE 5. MIN. STANDARDS 6. SECURITY 7. LIBRARY 8. CLEANLINESS 9. REFRIGERATION 10. ACCOUNTABILITY 11. IMPROPER DISPENSING 12. INSUFFICIENT SUPERVISION 13. INVENTORY RECORDS 14. DRUG DESTRUCTION 15. ILLEGAL SALES 16. ILLEGAL PURCHASES 17. SAMPLES 20. IMPROPER Rx's 21. OUTDATED DRUGS 22. DRUG LABELS 23. Rx INFORMATION 24. OTC/SYRINGES 26. Rx FILES 27. Rx COPIES 28. Rx INT/DATE 29. DEA INVENTORY 30. PHONED C-II Rx 31. REFILLS-6MO/5X 32. REFILLS-INT/DATE 33. REFILLS-UA 37. COUNSELING 38. PSE SALES 39. OARRS 40. CONFIDENTIALITY 	<p><i>- Will call pkg have a 13 Day Turn around review.</i></p> <p><i>- C-II dispense RPh secured in the C-II vault</i></p> <p><i>- RPh monthly CII narcotic audit review conducted/on file</i></p> <p><i>- 222 forms are properly completed & receipt review w/ written accountability by the RPh</i></p> <p><i>- Wholesaler - McKesson Corp - New Castle PA.</i></p> <p><i>- RPh prepared & documented C-II perpetual log</i></p> <p><i>- The counseling log is properly maintained w/ min Rx signed info & customer receipt signature.</i></p> <p><i>- A separate partial fill log is also maintained w/ signature</i></p> <p><i>- Blank 222 forms secured in the safe. Voided 222 forms properly maintained. Packaged 222 forms still sealed as received for DEA.</i></p> <p><i>The DEA Biennial Inventory was completed on January 3, 2011</i></p>
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SIGNATURE OF PERSON IN CHARGE	DATE	SIGNATURE OF INSPECTOR	DATE
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PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 02-0885700 NAME: pg. 3 R.P.: ADDR: CAT: CNTY:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">AREA CODE / TELEPHONE NUMBER</td> <td style="width: 10%;">TIME IN</td> <td style="width: 10%;">A.M.</td> <td style="width: 10%;">TIME OUT</td> <td style="width: 10%;">A.M.</td> </tr> <tr> <td></td> <td></td> <td>P.M.</td> <td></td> <td>P.M.</td> </tr> <tr> <td colspan="2">TYPE</td> <td colspan="2">FED. #</td> <td>EXP. DATE</td> </tr> <tr> <td colspan="5">HOURS OPEN</td> </tr> <tr> <td colspan="2">FAX NUMBER</td> <td colspan="3">EMAIL</td> </tr> </table>	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.			P.M.		P.M.	TYPE		FED. #		EXP. DATE	HOURS OPEN					FAX NUMBER		EMAIL		
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 SIGNATURE OF PERSON IN CHARGE	3/9/11 DATE	 SIGNATURE OF INSPECTOR	3-9-2011 DATE
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PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 02-0885700 pg. 4 NAME: R.P.: ADDR:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">AREA CODE / TELEPHONE NUMBER</td> <td style="width: 10%;">TIME IN</td> <td style="width: 10%;">A.M.</td> <td style="width: 10%;">TIME OUT</td> <td style="width: 10%;">A.M.</td> </tr> <tr> <td></td> <td></td> <td>P.M.</td> <td></td> <td>P.M.</td> </tr> <tr> <td colspan="2">TYPE</td> <td colspan="2">FED. #</td> <td>EXP. DATE</td> </tr> <tr> <td colspan="5">HOURS OPEN</td> </tr> <tr> <td colspan="2">FAX NUMBER</td> <td colspan="3">EMAIL</td> </tr> </table>	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.			P.M.		P.M.	TYPE		FED. #		EXP. DATE	HOURS OPEN					FAX NUMBER		EMAIL		
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33. REFILLS-UA
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38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

F ☐ P ☐

- Discussed prescriber/agent called in prescription information requested from the agent, (first & last name) question advice agent caller of State how 4729-51 D-1 & their legal responsibility if they fail to comply or give false name - Advise them of the felony violation or notify this agent of OSBP
- Advised RPA to monitor possible family member prescriptions with previous same last name & out of state - New Jersey - calling in C-V cough syrup - see Rx# 4469991 dated 2-28-2011.
- Discussed long term prescribing of (one patient) pain meds by a PA-DPM prescriber,
- * SEND written reply to #29-12 to

☐ PINK SHEET ISSUED FOR NUMBER(S): OSBP within 20 days

* IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

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DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: TERMINAL DISTRIBUTOR
 DDD#: 02-0885700
 NAME: GIANT EAGLE PHARMACY #1435
 R.P.:
 ADDR: 7229 Sharon-Warren RD.
BROOKFIELD OHIO 44403

AREA CODE / TELEPHONE NUMBER 330-448-6480 TIME IN 11:30 A.M. P.M. TIME OUT 2:30 A.M. P.M.

TYPE RTPC FED. # BG4676245 EXP. DATE 9-11

HOURS OPEN M-7-9-9 SAT 9-7 SUN 9-5

FAX NUMBER 330-448-5291 EMAIL

CAT: III CLASS: 05
 CNTY: 78

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
<u>BARBARA McANANY RPh</u>	<u>03-2-</u>	<u>19699</u>			
<u>Brenton Cornwell RPh</u>	<u>BJC</u>	<u>26829</u>			

1. LICENSING
2. I.D. CARDS
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37. COUNSELING
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39. OARRS
40. CONFIDENTIALITY

F ☒ Full P ☐

- The federal & state licenses are current
- The pharmacy has PDX software with 4 patient dispensing computers within the pharmacy. Records are secured within the pharmacy.
- The pharmacy has a physical laminate w/ one key access door and one metal screen to secure the service bay window.
- The pharmacy has no drive up service. The pharmacy has multiple hand-drawn mounted security cameras within the pharmacy. A hardware & sensor alarm system with 24hr State Alarm is activated & RPh only controlled.
- Refrig unit is secured & OK in the pharmacy.
- Patient Dispensing Authentication Log - OK RPh signature minor chronological order / dual signature never justification is completed
- Approx 1800 new filled dispensed weekly (321) one day high dispense 38 total with two state pharmacists

☒ PINK SHEET ISSUED FOR NUMBER(S): #29-12

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SIGNATURE OF PERSON IN CHARGE

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SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

COPY TO GP+FILE.
 CKR 04/13/2011

RECEIVED
 APR 2 11:41
 APR 11 2011

March 10, 2011

Giant Eagle Pharmacy #1435
7229 Warren Sharon Rd
Brookfield, Oh 44403
330-448-6480

Dear Board of Pharmacy:

My name is Barbara McAnany Rph. I am writing regarding the audit and violation that took place on 3/9/11. I have worked for Giant Eagle since 2000 and have worked in Store#1435 for the past 3+ years.

Brent Cornwell came on as manager January 3rd, 2011. I worked this day and was witness to him doing the inventory. We had an extra pharmacist this day to provide the appropriate overlap. If there are any further questions. Please feel free to contact me regarding this issue.

Sincerely,

Barbara A. McAnany RPh

Barbara McAnany Rph

March 16, 2011

Ohio State Board of Pharmacy
77 South High Street, Room 1702
Columbus, OH 43215-6126

To Whom It May Concern:

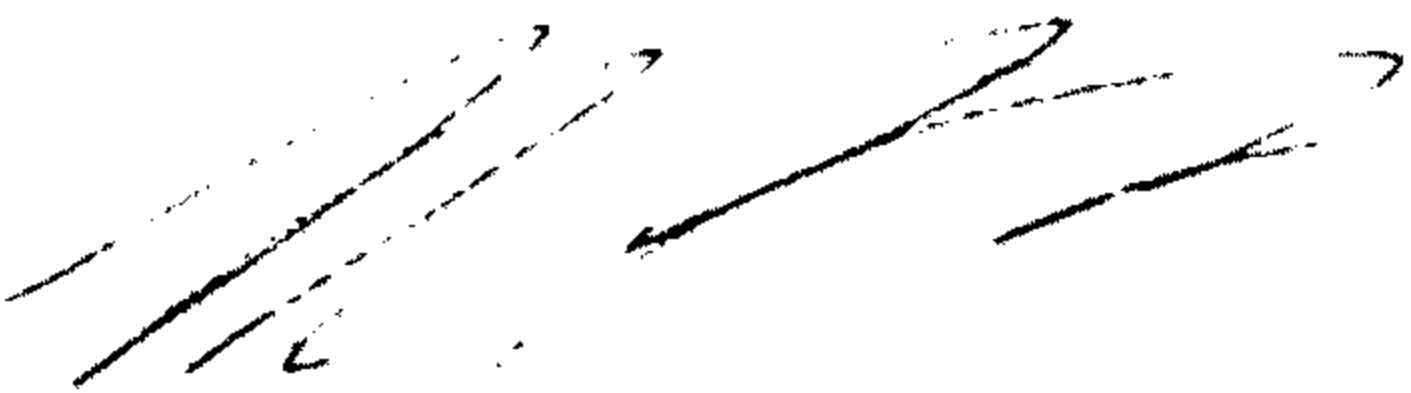
I am writing this letter in response to the Dangerous Drug Distributor Inspection conducted on March 9, 2011 at the Giant Eagle Pharmacy located in Brookfield, OH. During that inspection, I was cited for violations regarding documentation that must be maintained within the pharmacy (specifically lines 12 and 29 of the report).

On January 3, 2011, I started as the pharmacist in charge of the Giant Eagle pharmacy in Brookfield. That day I completed the required inventory of all controlled drugs. After the completion of the inventory, I inadvertently placed the inventory paperwork into a working binder that contained other paperwork I had from my initial days at the pharmacy. I took the binder home with me rather than leaving the documents within the pharmacy.

I am aware of the severity of this, and for that I apologize sincerely. When this matter was brought to my attention, the paperwork was returned to the pharmacy immediately. I will be more diligent in tracking required documentation and I will verify that everything that must be left at the pharmacy is, in fact, in the appropriate place. I am certain that this situation will never occur again.

Again, I apologize for this situation and the confusion that it has caused.

Sincerely,

A handwritten signature in black ink, appearing to read "Brenton Cornwell". The signature is stylized with long, sweeping strokes.

Brenton Cornwell

803962

2011 MAR 28 AM 11:41
RECEIVED
FBI NEW YORK

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, RM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: TDD

DDD#: 020487550

NAME: Giant Eagle #4002

R.P.: Todd M. Tuttle (R.Ph.)

ADDR: 4700 Belmont Ave
Youngstown, OH 44503

AREA CODE / TELEPHONE NUMBER

330 759-9543

TIME IN

A.M.

2:00 PM

TIME OUT

A.M.

3:45 PM

TYPE

FED. #

EXP. DATE

Retail Chain

BG0714964

9-30-2014

HOURS

Mon-Fri

SAT

Sun

OPEN

9a-9p

7a-7p

7a-5a

FAX NUMBER

EMAIL

759-1517

CAT: III

CLASS: OS

CNTY: (18) Trumbull

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
Todd M. Tuttle (R.Ph.)		03319833			

1. LICENSING
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38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☒ Partial ☐

1. State and Federal licenses are current and posted for inspection.

2. R.Ph. Tuttle is carrying a valid signed I.D. Card.

3. Computer Software used at this location is Enterwise Pharmacy version 2.5.05.02 build no.

132505EAPL.788, 10 terminals are in place for data

functions. As reviewed daily logs are maintained

containing all dispensings. A patient profile can be

produced immediately upon request going back

3+ years.

4. Barricade inspection report conducted this date.

Physical barricade is approved.

5. Minimum Standards met.

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SIGNATURE OF PERSON IN CHARGE

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DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, RM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:

DDD#: 020487550

NAME: Giant Eagle #4002

R.P.:

ADDR:

20F3

AREA CODE / TELEPHONE NUMBER

TIME IN

A.M.

TIME OUT

A.M.

P.M.

P.M.

TYPE

FED. #

EXP. DATE

HOURS

OPEN

FAX NUMBER

EMAIL

CAT:

CLASS:

CNTY: (18) Trumbull

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

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9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
20. IMPROPER Rx's
21. OUTDATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGES
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED C-II Rx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☐ Partial ☐

Note:

6. The theft of drugs is a felony and must be reported the State Board of Pharmacy immediately upon discovery via telephone. If a Controlled Substance is involved the DEA must be notified. No recent criminal offenses have been reported at this location.

7. Pharmacists at this location reference State and Federal laws (OAC, OBC, & CFA) via the internet

8. OK 9. A refrigeration log is maintained and up to date as reviewed.

10. DEA 222 forms are manually executed and maintained in Numeric order by month. A controlled drug records box is maintained. This box contains various records of accountability to include C-II-X invoices

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE

DATE

SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY

PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, RM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:

DDD#: 020487550

NAME: Grant Eagle #7002

R.P.:

ADDR:

3 of 3

AREA CODE / TELEPHONE NUMBER

TIME IN

A.M.

TIME OUT

A.M.

P.M.

P.M.

TYPE

FED. #

EXP. DATE

HOURS
OPEN

FAX NUMBER

EMAIL

CAT:

CLASS:

CNTY: (18) Trumbull

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
20. IMPROPER Rx's
21. OUTDATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
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26. Rx FILES
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28. Rx INT/DATE
29. DEA INVENTORY
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31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☐ Partial ☐

10 CONT.

Power of Atty Forms, and Annual Controlled Substance Inventory. 21. Drug Stock Reviewed for outdates

23. C-II-IV Rx Files reviewed call in Rx's document

the agents first and last name. Rx's properly document
Alphanumeric quantity.

26. A 3 part Filing System is in place.

29. Most recent Controlled Substance Inventory Conducted
on 05/01/2013 prior to the opening of business by

R. An. Tuttle. 37. Counseling is offered as observed.

Average daily Rx's = 6000

Wholesale are McKesson & Andia

S S

☐ PINK SHEET ISSUED FOR NUMBER(S):

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SIGNATURE OF PERSON IN CHARGE

DATE

SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY

PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE 10/11/2013	T.D.D.D. #: 020487550
BOARD AGENT: John Bonish	D.E.A. #: 1360714964

YES NO (Place an X on the appropriate line for each statement below)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- ☒ ~~Key in sealed envelope in safe.~~ **Key is maintained in a safe that only pharmacists have access to**
- ☒ All items requiring R.Ph. supervision are inside barricade.
- ☒ Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- ☒ Minimum of seven (7) feet in height.
- ☒ Fully enclosed.
- ☒ Suitable locks are provided.
- ☒ Prescription department cannot be entered when locked without obvious damage to barricade.
- ☒ No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

ELECTRONICS: *Physical barricade maintains a tamper evident setting. Electronics act as alarm up.*

- ☒ This is a company-owned system.
If no, leased from who? **State Alarm**
- ☒ This is a ☐ HARDWIRE / ☒ WIRELESS / ☐ BOTH system. (check one)
- ☒ There is a functional emergency "hold up" button.
- ☐ System is in operation at all times when R.Ph. is not present.
- ☐ Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?
- ☐ Only pharmacists possess access code to prescription room.
- ☒ System was tested this date. Date system was last tested? _____
- ☒ Slot is provided for drop-in prescriptions.
- ☒ Suitable notice of operating hours to public is posted.
- ☒ Notice of emergency service is posted.

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:

I have been informed of and understand the following requirements:

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.



(Signature of R.Ph./Owner)



(Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:



(Signature of Board Agent)

Agent

(Title)

Comments:

11/17/21

CONFIDENTIAL

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: <u>TERMINAL DISTRIBUTOR</u> DDD#: <u>02-0487550</u> NAME: <u>GIANT EAGLE Pharmacy #4002</u> R.P.: <u>4700 Belmont</u> ADDR: <u>YOUNGSTOWN OH 44505</u> CAT: <u>III</u> CLASS: <u>05</u> CNTY: <u>TRUMBULL</u>	AREA CODE / TELEPHONE NUMBER <u>330-759-9348</u> TIME IN <u>1130</u> <u>A.M.</u> TIME OUT <u>200</u> <u>P.M.</u> TYPE <u>Chain 05</u> FED. # <u>BG 0714964</u> EXP. DATE <u>9-11</u> HOURS OPEN <u>M-F 9-9 SAT 9-7 SUN 9-5</u> FAX NUMBER <u>330-759-1517</u> EMAIL <u>RECEIVED</u>
---	--

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
Ken Hiya RPh		24403	MICHAEL Rubesich RPh		22049
Cathy Laska RPh		16473	TINA Wheeler RPh		18817
Rob Kidston RPh		10945	TODD Tottle RPh		19833

<ol style="list-style-type: none"> 1. LICENSING 2. I.D. CARDS 3. RECORD SYSTEM 4. BARRICADE 5. MIN. STANDARDS 6. SECURITY 7. LIBRARY 8. CLEANLINESS 9. REFRIGERATION 10. ACCOUNTABILITY 11. IMPROPER DISPENSING 12. INSUFFICIENT SUPERVISION 13. INVENTORY RECORDS 14. DRUG DESTRUCTION 15. ILLEGAL SALES 16. ILLEGAL PURCHASES 17. SAMPLES 20. IMPROPER Rx's 21. OUTDATED DRUGS 22. DRUG LABELS 23. Rx INFORMATION 24. OTC/SYRINGES 26. Rx FILES 27. Rx COPIES 28. Rx INT/DATE 29. DEA INVENTORY 30. PHONED C-II Rx 31. REFILLS-6MO/5X 32. REFILLS-INT/DATE 33. REFILLS-UA 37. COUNSELING 38. PSE SALES 39. OARRS 40. CONFIDENTIALITY 	<p>- Federal & State licenses are current</p> <p>- The pharmacy has six patient dispensing computers with PDx</p> <p>- The pharmacy has a full physical barricade with mesh around metal grate & key access by RPh only. The pharmacy also has a # access alarm code pad w/ RPh access with hardware & wireless sensors. Multiple video cameras are also ceiling concealed in chimes.</p> <p>- The pharmacy files Rx in C-II 2 million, C-III-V 4 million, legend in 6 million series & 8 million series OTC. All records are secured in the pharmacy.</p> <p>Approx New/refill dispensing 3500 = 4000 a week</p> <p>Wholesaler - McKesson Drug New Castle PA.</p>
--	--

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

Im. R. RPh 2-1-10
 SIGNATURE OF PERSON IN CHARGE DATE

Parish 2-1-2010
 SIGNATURE OF INSPECTOR DATE

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 02.0487550 NAME: R.P.: ADDR: CAT: CNTY:	Pg. 2	AREA CODE / TELEPHONE NUMBER TYPE HOURS OPEN FAX NUMBER	TIME IN A.M. P.M.	TIME OUT A.M. P.M.	EXP. DATE
CLASS:		EMAIL			

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
20. IMPROPER Rx's
21. OUTDATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGES
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED C-II Rx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

F ☐ P ☐

ON this date the following Controlled Drug prescriptions were obtained for a criminal trial in Case# 2010-1033. The following receipted scripts replaced with a photocopy in the original file:

Rx# 2083964, 2083965, 2084147, 2084148
 2084856, 2084857, 2085706, & 2085707

- All Daily log reports are filed & LHM signed
- A perpetual log of C-II drugs is APH prepared
- All C-II drugs are secured in a APH only access steel safe.
- Great Eagle loss prevention mgr. Bill Dobich was present in the pharmacy & provided details of the new 7 camera video system recently installed in the store.

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

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SIGNATURE OF PERSON IN CHARGE	2/16/10 DATE	SIGNATURE OF INSPECTOR	2-1-2010 DATE
-------------------------------	-----------------	------------------------	------------------

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

NOV 27 2006

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 02-0487550 NAME: GIANT EAGLE PHARMACY #4002 R.P.: 4700 Belmont ADDR: YOUNGSTOWN, Ohio 44505		AREA CODE / TELEPHONE NUMBER 330-759-9348		TIME IN 1100 A.M. P.M.		TIME OUT 1245 A.M. P.M.	
CAT: III CNTY: TAUMBULL		CLASS: 05		TYPE RETAIL 05 CHAIN		FED.# BG 0714964	
		HOURS OPEN 9-9		(DAILY) (SAT.)		(SUN. & HOLIDAYS) 9-6	
		RESPONSIBLE PERSON MARCIE SWANSON		TITLE/I.D. NO. RPh		INIT. USED	

PERSONNEL	INIT. USED	TITLE/I.D. NO.	PERSONNEL	INIT. USED	TITLE/I.D. NO.
TODD Tuttle RPh		19833	Rob Kidston		10945
TINA Wheeler RPh		18817	Cathy Laska		16473
Marcie Day		21667	MICHAEL Rubesich		03-3-22049

1. LICENSING
2. I.D. CARDS
3. RECORDS SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
18. NON-REG COMPOUNDING
19. RxBLANKS
20. IMPROPER Rxs
21. OUTDATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGES
25. GENERIC MFG.
26. RxFILES
27. RxCOPIES
28. RxINT/DATE
29. DEAINVENTORY
30. PHONEDSCHIIRx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

- All licenses are current

- The pharmacy moved within the G. Eagle store to their present new pharmacy location with a drive thru service bay. The pharmacy has two service bay drive ups. The pharmacy has six dispensing computers w/ PAX-Software. All records are secured within the pharmacy. The pharmacy is secured with a full physical barricade pull down metal screen. The pharmacy has a hardwire/season alarm system w/ RPh only access. A relief RPh Key/code is secured in the mgt office with in secondary access key box. The Barricade sensors are operational & checked on this date.

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SIGNATURE OF PERSON IN CHARGE

DATE SIGNED

SIGNATURE OF INSPECTOR

4-0610 (Rev. 02/02)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 02-0487550 NAME: R.P.: ADDR:	AREA CODE / TELEPHONE NUMBER	TIME IN A.M. P.M.	TIME OUT A.M. P.M.
CAT: CNTY:	CLASS:	TYPE FED.#	EXP. DATE
		HOURS OPEN (DAILY)	(SAT.) (SUN. & HOLIDAYS)
		RESPONSIBLE PERSON	TITLE/I.D. NO. INIT. USED

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING 2. I.D.CARDS 3. RECORDSYSTEM 4. BARRICADE 5. MIN.STANDARDS 6. SECURITY 7. LIBRARY 8. CLEANLINESS 9. REFRIGERATION 10. ACCOUNTABILITY 11. IMPROPERDISPENSING 12. INSUFFICIENTSUPERVISION 13. INVENTORYRECORDS 14. DRUGDESTRUCTION 15. ILLEGALSALES 16. ILLEGALPURCHASES 17. SAMPLES 18. NON-REGCOMPOUNDING 19. RxBLANKS 20. IMPROPERRx'S 21. OUTDATEDDRUGS 22. DRUGLABELS 23. RxINFORMATION 24. OTC/SYRINGES 25. GENERICMFG. 26. RxFILES 27. RxCOPIES 28. RxINT/DATE 29. DEAINVENTORY 30. PHONEDSCHIIRx 31. REFILLS-6MO/5X 32. REFILLS-INT/DATE 33. REFILLS-UA 34. EMERGENCYKIT 35. CONTINGENCYKIT 36. NON-REGDISPENSING 37. COUNSELING	<p>The physical barricade is secured & compliance appeared as inspected on this date. A small glass service window is also secure & lock secured from within the pharmacy.</p> <p>- The pharmacy Wholesaler - McKesson Co. New Castle Pa.</p> <p>- All wall calls are secured within the pharmacy</p> <p>- No patient information & no drug stock can be obtained when the barricade is secured.</p> <p>- The pharmacy has a C-II perpetual log book with APH review & no noted perpetual problem observed.</p> <p>- The C-II drugs are secured in a narcotic APH controlled safe.</p> <p>- Reviewed original Rx files - APH original documentation reviewed</p> <p>- The counseling log is properly prepared.</p>
---	--

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	11-21-06	
SIGNATURE OF PERSON IN CHARGE	DATE SIGNED	SIGNATURE OF INSPECTOR

0610 (Rev. 02/02) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY GREEN - DISTRIBUTOR COPY PINK - INDIVIDUAL COPY

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: <u>11-21-06</u>	T.D.D.D. #: <u>02-0487550</u>
BOARD AGENT: <u>Paulick</u>	D.E.A. #: <u>BG 0714964</u>

YES NO (Place an X on the appropriate line for each statement below)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- ☒ ___ Key in sealed envelope in safe.
- ☒ ___ All items requiring R.Ph. supervision are inside barricade.
- ☒ ___ Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- ___ ___ Minimum of seven (7) feet in height.
- ☒ ___ Fully enclosed.
- ☒ ___ Suitable locks are provided.
- ☒ ___ Prescription department cannot be entered when locked without obvious damage to barricade.
- ☒ ___ No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

ELECTRONICS:

- ___ ___ This is a company-owned system.
If no, leased from who? _____
- ☒ ___ This is a ☒ HARDWIRE / ☒ WIRELESS / ___ BOTH system. (check one)
- ☒ ___ There is a functional emergency "hold up" button.
- ☒ ___ System is in operation at all times when R.Ph. is not present.
- ☒ ___ Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?
hubby P.D. - Resp Room RPh
- ☒ ___ Only pharmacists possess access code to prescription room.
- ☒ ___ System was tested this date. Date system was last tested? _____
- ___ ☒ Slot is provided for drop-in prescriptions.
- ☒ ___ Suitable notice of operating hours to public is posted.
- ☒ ___ Notice of emergency service is posted.


OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)


R.Ph./OWNER STATEMENT OF UNDERSTANDING:**I have been informed of and understand the following requirements:**

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.


 (Signature of R.Ph./Owner)


 (Date and Time of Signature)
BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:


 (Signature of Board Agent)

 (Title)
Comments:



State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126

(614) 466-4143 | Fax (614) 752-4836 | <http://www.pharmacy.ohio.gov>

License 020379550

Giant Eagle Pharmacy 4051

8202 E. Market Street

Warren, OH 44484

Trumbull County

Retail Pharmacy - Large Chain

Category Three

Full Inspection

September 1, 2015



License 020379550 - Giant Eagle Pharmacy 4051

Full

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836
<http://www.pharmacy.ohio.gov>

Completed by John Bonish
Start 9/1/2015 3:30 PM
End 9/1/2015 4:49 PM

Organization

Name Giant Eagle Pharmacy 4051	License Type Retail Pharmacy - Large Chain	Category Category Three
License Number 020379550	Business Type Large Chain Pharmacy - 12 Or More Outlets	DEA Number BG0519718
Responsible Person Christina Yanci Kakiou, R.Ph.	Hours of Operation M-F 9a-9p, Sat 9a-7p, Sun 9a-5p	

Contact

Address 8202 E. Market Street Warren, OH 44484 Trumbull County	Primary Number (330) 856-1432	Fax Number (330) 856-1498	Website
--	---	-------------------------------------	----------------

Personnel

<u>Name</u>	<u>Initials</u>	<u>Position</u>	<u>I.D. No.</u>	<u>Phone</u>	<u>Email</u>
Heather		Pharmacist	03122812		
Christina Yanci Kakiou, R.Ph.	C.Y.K.		03219360		kakjwcy@aol.com
Sandra Seikel, R.Ph.		Pharmacist	03323816		

1.1) The OSBP License

- 1) Is the pharmacy TDDD license readily retrievable for inspection?
Yes

1.2) The Responsible Person

- 1) Is there a current Responsible Person for the TDDD license?
Yes

1.3) The DEA Certificate

- 1) Is the pharmacy's DEA certificate current?
Yes

2.1) RPh Wall Certificates

- 1) Are the pharmacists OSBP wall certificates posted within the pharmacy?
Yes

2.2) ID Cards

- 1) Have all pharmacists and Pharmacy Interns signed their Board of Pharmacy wallet license?
Yes

2.3) Unlicensed Practice Issues

- 1) Has the practice of pharmacy been performed by any lapsed or unlicensed individual?
No

3.1) Record Availability

- 1) Can the pharmacy produce a detailed patient profile for the past 12 months immediately upon request?
Yes

3.3.1) Basic Questions Pertaining To The ARKS**1) What is the name of the Alternative Record Keeping System (ARKS) being used by the pharmacy?**Observation

Pharmacy uses Enterprise Pharmacy System (EPS) Version 2.6.00.010 Build 2600.1231

3.3.2) Purged ARKS Data**1) Has the pharmacy PURGED required records?**

Yes, required data has been purged from the ARKS. The purged data is still retrievable within three (3) business days.

3.3.3) Stand Alone ARKS**1) Is the ARKS a "Stand Alone" system maintained at the licensed pharmacy?**

No

3.3.4) Shared ARKS**1) Is the shared ARKS "a real time online system", and used for the review and transfer of dispensing data?**

Yes

Observation

Yes

3.3.5) ARKS Downtime**1) In the event that the ARKS experiences "downtime", is the pharmacy's dispensing process compliant with 4729-5-27(K)?**

Yes

3.3.6) ARKS Record Accuracy**1) Are required records of accountability being kept complete and accurate in the ARKS?**

Yes

3.3.7) True Edit Trails**1) Can dispensing data be permanently removed (deleted) from the ARKS?**

No

Observation

It is not possible to permanently remove (delete) dispensing data from the ARKS.

3.3.8) ARKS Security**1) Does the ARKS control the level of access based on duties (Technician vs. Pharmacist)?**

Yes

Observation

The ARKS controls access levels based on pharmacy duties (Technician vs. Pharmacist).

3.4) Traditional Paper Positive Identification**1) What is the method of positive ID, for the act of dispensing?**

Manually signing and dating a daily computerized printout containing refill dispensing data?

Observation

All practicing R.Ph.'s sign daily logs

3.5) ePositive Identification**1) Is a paperless positive ID system being used that has not been made approvable by the Board of Pharmacy?**

No

3.6) Other Areas Requiring Positive ID**1) Is there positive ID for the practice of pharmacy at data entry?**

Yes

4) Barricade**1) Barricade report****5) Minimum Standards****1) Is the phone number for poison control readily accessible in the pharmacy?**

Yes

6) Security

1) Is the security of the pharmacy drug stock adequate to detect and deter drug theft and diversion?

Yes

7) Library

1) Does the pharmacy have an up to date "Drug Laws of Ohio" book, or an online resource to access the required information?

Yes

Observation

Maintains the ability to reference state and federal laws by way of internet access.

8) Cleanliness

1) Is the pharmacy clean and well lit?

Yes

9) Refrigeration

1) Are all pharmacy refrigerators and/or freezers is good working order with an adequate system in place to ensure that the medications stored within are stored at appropriate temperatures?

Yes

Observation

Refrigeration log is used

10.1) Drug Ordering Procedeures

1) Is the pharmacy using paper DEA-222 order forms, or are they using an electronic DEA-222 ordering system being used?

Electronic DEA-222 ordering system is being used.

Observation

Began using CSOS approximately May of 2015

10.2) Executed paper DEA-222 forms

1) Are the executed DEA-222 forms being properly completed?

Yes

10.3) Electronic C-II drug order receipt

1) When using an electronic drug ordering system, is the pharmacy creating a record of receipt that is electronically linked to the original order?

Yes

10.4) Wholesale information

1) Who are the wholesale drug distributors utilized by this pharmacy?

Observation

Mckesson

11) Improper Dispensings

1) Are the pharmacist performing a prospective Drug Utilization Review?

Yes

12) Insufficient Supervision

1) Is there pharmacist supervision of the dangerous drugs and other pharmacy employees at all times while the pharmacy is open and operating?

Yes

13) Inventory Records

1) Are all records and invoices pertaining to the pharmacy's drug stock on hand for review?

Yes

15) Illegal Sales

1) Is the Pharmacy making occasional wholesale drug sales?

No, they are not making any wholesale drug sales pursuant to 4729-9-10.

16) Illegal Purchases

1) Verify Licenses of Distributors/Wholesalers

Yes

17) Samples

1) Is there any evidence of prescription drug samples in the pharmacy?

No

Observation

No prescription drug samples found.

18.1) DUR software

1) Does the pharmacist rely solely on the dispensing software to perform the DUR for prescription dispensing?

No

19) Errors in Dispensing

1) How are dispensing errors being documented by the pharmacy?

Errors are documented as an electronic report? (Document observations)

20) Improper Rx's

1) Are the prescriptions on file written in compliance with 4729-5-30?

Yes

21) Outdated Drugs

1) Are there expired medications on the pharmacy shelves?

No

Observation

A review of drug stock located no expirations

22) Drug Labels

1) Are the pharmacy prescription labels in compliance with OAC 4729-5-16?

Yes

23.1) Signature

1) Are all issued prescriptions including fax to fax prescriptions manually signed by the prescriber?

Yes

23.2) DEA Number

1) Is the prescriber's DEA registration number written or pre-printed on all controlled substance prescriptions?

Yes

23.3) Prescription refills

1) Are the prescribers specifying the number of refills or the period of time for which the prescription may be refilled?

Yes

23.5) Prescriber's Agent

1) Is the first and last name of the prescriber's Agent written on phoned in prescriptions when applicable?

Yes

24) OTC's & Syringes

1) Does the pharmacy store over the counter medications within the pharmacy barricade?

Yes

25.1) Non-sterile compounding

1) Is pharmacy dispensing prescriptions that require non-sterile compounding?

No

25.2) Sterile Compounding

1) Is the pharmacy performing sterile compounding?

No

25.3) Repackaging**1) Is the pharmacy pre-packaging medications (non-patient specific) prior to dispensing?**

No

26) Prescription Files**1) Are the prescriptions dispensed by the pharmacy being filed in three separate files?**

Yes

27.1) Transferring Prescriptions**1) Is anyone other than pharmacists or supervised pharmacy interns taking transferred prescriptions?**

No

27.7) Licensed pharmacy Interns**1) Are supervised pharmacy interns properly accepting transferred prescriptions?**

Yes

28) Rx's Initialed & Dated**1) Are pharmacists initialing and dating prescriptions when required?**

Yes

29) Annual Drug Inventory**1) Has an annual drug inventory been completed within the specified time period?**

Yes

Observation

Effective January 1, 2015, Ohio Administrative Code Rule 4729-9-14 requires each prescriber or terminal distributor of dangerous drugs to take inventory of all stocks of controlled substances on hand every year following the date on which the initial inventory is taken. This is a change from the previous version of the rule that required a controlled substance inventory every two years.

30.1) Phoned in/oral prescriptions**1) Are only pharmacists and supervised pharmacy interns taking oral prescriptions?**

Yes

30.2) Oral prescriptions reduced to writing**1) Are all oral prescriptions being reduced to writing and contain the required information?**

Yes

31) Refills (6 months & 5 times)**1) Is the pharmacy refilling prescriptions for schedule III and IV drugs beyond six (6) months or five (5) times?**

No

32) Refills (Initialed & Dated)**1) Are the pharmacist signing the daily printouts? This also includes initialling bound refill logs.**

Yes

34.2) Protocols for administering immunizations**1) Does the Pharmacy have an approved immunization administration protocol in place?**

Yes

34.5) Record keeping requirements**1) Are immunization records properly maintained?**

Yes

35.2) Identification card**1) Does each pharmacy intern have a signed identification card on their person while engaging in the practice of pharmacy?**

Yes

35.3) Wall license**1) Is the Intern wall license issued by the Ohio State Board of Pharmacy conspicuously displayed at the principal place of practice for the intern?**

Yes

37) Counseling

1) Is Patient counseling being offered with every prescription?

Yes

Observation

Patient counseling logs are used and contain positive I.D. of the counseling pharmacist

39) OARRS

1) Does the pharmacist have access to OARRS to request reports when needed?

Yes

40) Confidentiality

1) Are there any known issues pertaining to patient confidentiality?

No

44) Inspection Affirmation

1) Inspection Affirmation

Observation

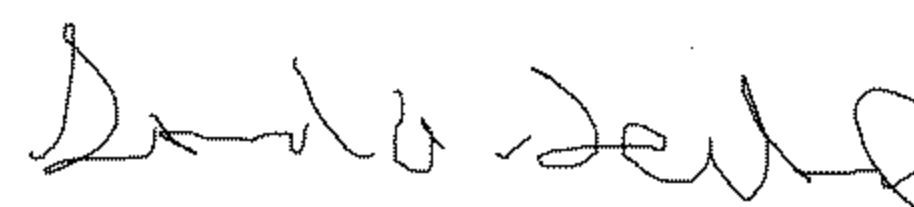
As the on-duty pharmacist, at the time of this inspection, I affirm that I have reviewed this inspection report with the Specialist/Agent, and understand its content. If this inspection report requires a written response of corrective action, the response shall be provided to the Ohio State Board of Pharmacy within 20 days of this inspection. I understand that if I am not the Responsible Person documented on this site's Ohio TDDD license, I will ensure the Responsible Person is notified of this inspection report and any corrective actions required.

Summary

No Issue Found

The Organization does not have any items to correct according to this inspection.

Reviewed by Sandra Seikel, R.Ph.



(signature)



State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126

(614) 466-4143 | Fax (614) 752-4836 | <http://www.pharmacy.ohio.gov>

License 020379550

Giant Eagle Pharmacy 4051

8202 E. Market Street
Warren, OH 44484
Trumbull County

Retail Pharmacy - Large Chain

Category Three

Full Inspection

September 1, 2015



License 020379550 - Giant Eagle Pharmacy 4051

Full

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836
<http://www.pharmacy.ohio.gov>

Completed by John Bonish
Start 9/1/2015 4:54 PM
End 9/1/2015 5:01 PM

Organization

Name Giant Eagle Pharmacy 4051	License Type Retail Pharmacy - Large Chain	Category Category Three
License Number 020379550	Business Type Large Chain Pharmacy - 12 Or More Outlets	DEA Number BG0519718
Responsible Person Christina Yanci Kakiou, R.Ph.	Hours of Operation M-F 9a-9p, Sat 9a-7p, Sun 9a-5p	

Contact

Address 8202 E. Market Street Warren, OH 44484 Trumbull County	Primary Number (330) 856-1432	Fax Number (330) 856-1498	Website
--	---	-------------------------------------	----------------

Personnel

<u>Name</u>	<u>Initials</u>	<u>Position</u>	<u>I.D. No.</u>	<u>Phone</u>	<u>Email</u>
Heather		Pharmacist	03122812		
Christina Yanci Kakiou, R.Ph.	C.Y.K.		03219360		kakjwcy@aol.com
Sandra Seikel, R.Ph.		Pharmacist	03323816		

1) Physical barricade

- 1) Does the pharmacy have a fully enclosed barricade or an open air barricade?
Fully enclosed barricade
- 2) Are adequate locks provided for the pharmacy barricade?
Yes
- 4) If the pharmacy has the "floater" keys, are they secure and tamper evident?
Yes

2) Electronic barricade

- 1) Who owns the pharmacy alarm system?
The alarm company.
Observation
State Alarm
- 3) Does anyone other than a pharmacist have the code or the key to the alarm system?
No
Observation
No issues found.

3) RPh/Owner Statement of Understanding

1) I have been informed of and understand the following requirements:

Observation

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.

Summary

No Issue Found

The Organization does not have any items to correct according to this inspection.

Reviewed by Sandra Seikel, R.Ph.



(signature)



State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126

(614) 466-4143 | Fax (614) 752-4836 | <http://www.pharmacy.ohio.gov>

License 020379550

Giant Eagle Pharmacy #4051

8202 E. Market Street

Warren, OH 44484

Trumbull County

Terminal - Pharmacy - Category 3

Property Receipt

September 18, 2019



License 020379550 - Giant Eagle Pharmacy #4051

Full

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
(614) 466-4143 | Fax (614) 752-4836
http://www.pharmacy.ohio.gov

Completed by William DiFrangia
Start 9/18/2019 10:32 AM
End 9/18/2019 10:36 AM

Organization

Name Giant Eagle Pharmacy #4051	License Type Terminal - Pharmacy - Category 3	Category
License Number 020379550	Business Type IL - Large Chain Retail (12+ Outlets)	DEA Number BG0519718
Responsible Person Christina Yanci Kakiou, RPH	Hours of Operation	

Contact

Address 8202 E. Market Street Warren, OH 44484 Trumbull County	Primary Number (412) 968-1610	Fax Number (330) 856-1498	Website
--	---	-------------------------------------	----------------

Personnel

<u>Name</u>	<u>Initials</u>	<u>Position</u>	<u>I.D. No.</u>	<u>Phone</u>	<u>Email</u>
Christina Yanci Kakiou, RPH		Pharmacist	03219360	(330) 240-9976	kakjwcy@aol.com

1) List of Property/Records Obtained

1) List of Property/Records obtained from the terminal distributor.

Observation
Prescriber Last Name Rx Number Drug Name Qty
Skiffey 4652030 HYDROCODON-ACETAMINOPHEN 5-325 20
Skiffey 2323344 VICODIN ES 7.5-300 MG TABLET 8

4) Property Receipt/Return Affirmation


1) Property Receipt Affirmation

Observation
As the on duty employee, I confirm this receipt for property or records obtained or returned by the State of Ohio Board of Pharmacy. I also confirm that if records have been requested, I will supply those records within three (3) working days or I will notify the person who can supply the records within that time period.

Summary

No Issue Found

Reviewed by Christina Yanci Kakiou, RPH


(signature)



State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126

(614) 466-4143 | Fax (614) 752-4836 | <http://www.pharmacy.ohio.gov>

License 020379550

Giant Eagle Pharmacy #4051

8202 E. Market Street
Warren, OH 44484
Trumbull County

Terminal - Pharmacy - Category 3

Property Receipt

December 16, 2019



License 020379550 - Giant Eagle Pharmacy #4051

Full

State of Ohio Board of Pharmacy

77 South High Street, 17th Floor, Columbus, Ohio 43215-6126
 (614) 466-4143 | Fax (614) 752-4836
<http://www.pharmacy.ohio.gov>

Completed by William Trey Edwards

Start 12/16/2019 1:45 PM

End 12/16/2019 2:00 PM

Organization

Name

Giant Eagle Pharmacy #4051

License Type

Terminal - Pharmacy - Category 3

Category

License Number

020379550

Business Type

IL - Large Chain Retail (12+ Outlets)

DEA Number

BG0519718

Responsible Person

Christina Yanci Kakiou, RPH

Hours of Operation

Contact

Address

8202 E. Market Street
 Warren, OH 44484
 Trumbull County

Primary Number

(412) 968-1610

Fax Number

(330) 856-1498

Website

Personnel

Name

Christina Yanci Kakiou, RPH

Initials

Position

Pharmacist

I.D. No.

03219360

Phone

(330) 240-9976

Email

kakjwcy@aol.com

3) Return of Property

1) Property Return

Observation

The listed items were previously taken from this facility pursuant to either a criminal or administrative investigation and are being returned:

Original hard copy Rx# 6579087 written by Shannon Swanson on 11/10/2009 for patient Jan Lester for amoxicillin 500mg #30 and filled on 11/16/2009.

Original hard copy Rx# 6635360 written by Shannon Swanson on 10/16/2010 for patient Jan Lester for bactrim ds #20 and filled on 10/18/2010.

4) Property Receipt/Return Affirmation

1) Property Receipt Affirmation


Observation

As the on duty employee, I confirm this receipt for property or records obtained or returned by the State of Ohio Board of Pharmacy. I also confirm that if records have been requested, I will supply those records within three (3) working days or I will notify the person who can supply the records within that time period.

Summary

No Issue Found

Reviewed by Christina Yanci Kakiou, RPH


 (signature)

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: RTPC AREA CODE / TELEPHONE NUMBER: 330/856-1324 TIME IN: 1030 P.M. TIME OUT: 1130 P.M.
 DDD#: 020379550 TYPE: CHAIN FED. # BG0519718 EXP. DATE 9/30/14
 NAME: GIANT EAGLE #4051 HOURS OPEN: M-F 9A-9P SAT 9A-7P SUN 8-5P
 R.P.: MICHAEL CHARLES MADGAR, RPH FAX NUMBER: 330/856-1498 EMAIL:
 ADDR: 8202 E. MARKET ST.
WARREN, OH 44484

CAT: III CLASS: 05
 CNTY: TRUMB.

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
<u>MICHAEL C. MADGAR, RPH</u>		<u>03116095</u>			<u>JUL 30 2012</u>
					<u>L.J. STURTZ</u>

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
20. IMPROPER Rx's
21. OUTDATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGES
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED C-II Rx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

1. OK 2. OK 3. THE PHARMACY IS USING A Computer FOR ALL Rx DATA RECK. THE DISPENSING SOFTWARE IS PDX-LEGACY.

4. A BARRICADE INSPECTION HAS BEEN MADE AND APPROVED. SEE BARRICADE REPORT.
 6. NO NON-RPH'S ARE TO HAVE ACCESS TO OR CONTROL OVER THE BARRICADE WITHOUT A RPH.

N/A

F ☐ Comp P ☒ 8

☐ PINK SHEET ISSUED FOR NUMBER(S): 7-3172

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

Michael C. Madgar, RPH
 SIGNATURE OF PERSON IN CHARGE

7/23/12
 DATE

[Signature]
 SIGNATURE OF INSPECTOR

7/23/12
 DATE

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY



OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: 07/23/12	T.D.D.D. #: 02037955
BOARD AGENT: G. A. GONER	D.E.A. #: BB0519718

YES NO (Place an X on the appropriate line for each statement below)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- ☒ — Key in sealed envelope in safe.
- ☒ — All items requiring R.Ph. supervision are inside barricade.
- ☒ — Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- ☒ — Minimum of seven (7) feet in height.
- ☒ — Fully enclosed.
- ☒ — Suitable locks are provided.
- ☒ — Prescription department cannot be entered when locked without obvious damage to barricade.
- ☒ — No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

ELECTRONICS:

- — This is a company-owned system.
If no, leased from who? _____
- — This is a ☒ HARDWIRE / ☒ WIRELESS / ☐ BOTH system. (check one)
- — There is a functional emergency "hold up" button.
- — System is in operation at all times when R.Ph. is not present.
- — Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert? _____
- — Only pharmacists possess access code to prescription room.
- — System was tested this date. Date system was last tested? _____
- ☒ — Slot is provided for drop-in prescriptions.
- ☒ — Suitable notice of operating hours to public is posted.
- ☒ — Notice of emergency service is posted.



OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:**I have been informed of and understand the following requirements:**

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.

Michael C. Madigan R.Ph.
(Signature of R.Ph./Owner)

7/23/12 11:26 (AM)
(Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:

[Signature]
(Signature of Board Agent)

AGENT
(Title)

Comments:

1

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: *Terminal Distributor*
 DDD#: *02-0379550*
 NAME: *GIANT EAGLE PHARMACY #4051*
 R.P.: *8202 E. MARKET STREET*
 ADDR: *Warren Ohio 44484*

AREA CODE / TELEPHONE NUMBER: *330-856-1324* TIME IN: *1030* A.M. P.M. TIME OUT: *1200* A.M. P.M.

TYPE: *RTPC* FED. # *BG 0519718* EXP. DATE

HOURS OPEN: *M-FRI 9-9 SAT-9-7 SUN 9-5*

FAX NUMBER: *330-856-1498* EMAIL:

CAT: *III* CLASS: *05*
 CNTY: *TRUMBULL 78*

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
<i>MICHAEL MADGAR RPH</i>		<i>16095</i>			
<i>Tim Lewis RPH</i>		<i>20546</i>			
<i>Heather Hammer RPH</i>		<i>22812</i>			

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
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30. PHONED C-II RX
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

- *The State & Federal licenses are current.*
- *The pharmacy has two dispensing computers w/ PDx software.*
- *The pharmacy has a full wraparound metal screen that screens the entire pharmacy.*
- *All records are secured within the pharmacy.*
- *Controlled Substance invoices (McKesson Co. New Castle Pa) are reviewed by RPH & 222 forms have wholesaler invoices affixed w/ RPH date & qty receipt review.*
- *The pharmacy processes a monthly audit report on all C-III dispensing.*
- *This pharmacy dispenses New/Refill approx 2,600 prescriptions weekly.*
- *Biennial Inventory prepared on 4-30-2009. opening by Budier*

F ☒ *Fall* P ☐ *18*

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE

DATE

SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:

DDD#: 02-0379550

NAME:

R.P.:

ADDR:

AREA CODE / TELEPHONE NUMBER

TIME IN

A.M.

TIME OUT

A.M.

P.M.

P.M.

TYPE

FED. #

EXP. DATE

HOURS

OPEN

FAX NUMBER

EMAIL

CAT:

CLASS:

CNTY:

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
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33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

F ☐P ☐

Reviewed all DEA accountability records on file & advised RPH Madgar that inspection reports & other accountability records - (past Biannual reports) are only required for 3 yrs.

Reviewed PDX audit reports - signed by deanna RPH

Refy audit OK

Drug shop chronological order OK

Reviewed signed Rx files

The RPH deanna has a number ✓ on specific review of Rx

The counseling review documents are signature reviewed w/ limited information at signature counseling desk.

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

Michael C. Madgar, M.D.

SIGNATURE OF PERSON IN CHARGE

3/8/11

DATE

Paula

SIGNATURE OF INSPECTOR

03-08-2011

DATE

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY



DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, RM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: TDD

DDD#: 020516850

NAME: Giant Eagle #4056

R.P.: Timothy A. Lewis (R.Ph.)

ADDR: 2700 Mahoning Ave. N.W.
Warren, Ohio 44483

AREA CODE / TELEPHONE NUMBER

(330) 395-0505

TIME IN

3:15

A.M.

P.M.

TIME OUT

5:00

A.M.

P.M.

TYPE

FED. #

EXP. DATE

Retail Chain 1361090012 09-30-2017

HOURS

OPEN

Mon-Fri

9a-9p

SAT

9a-9p

SUN

9a-5p

FAX NUMBER

EMAIL

(330) 391-1935

CAT: III

CLASS: 05

CNTY: 78 - Trumbull

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
Thomas J. Barringer (R.Ph.)		03225061			
Robert D. Garner (R.Ph.)		03219340			

MAY 15 2015

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
20. IMPROPER Rx's
21. OUTDATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGES
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED C-II Rx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☒ Partial ☐

1. State and Federal licenses are current and posted

2. R.Ph.'s Barringer and Garner are carrying

Valid I.d. Cards.

3. Computer Software used at this location is

Enterprise Pharmacy System (EPS) version 2.5.08.012

build # 2508.DSL. & terminals are maintained for

data functions. Daily logs are maintained in order

by date and include reports labeled as "Daily log report,

Our override report, and R.Ph. Counseling reports."

Note: As reviewed some logs only contain positive

I.d. of one practicing R.Ph. ^{for the day} Sec CAP 4729-S-27 printouts

must be signed by each individual pharmacist involved

in the practice of Pharmacy.

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE

DATE

SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY: 77 SOUTH HIGH STREET, RM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836


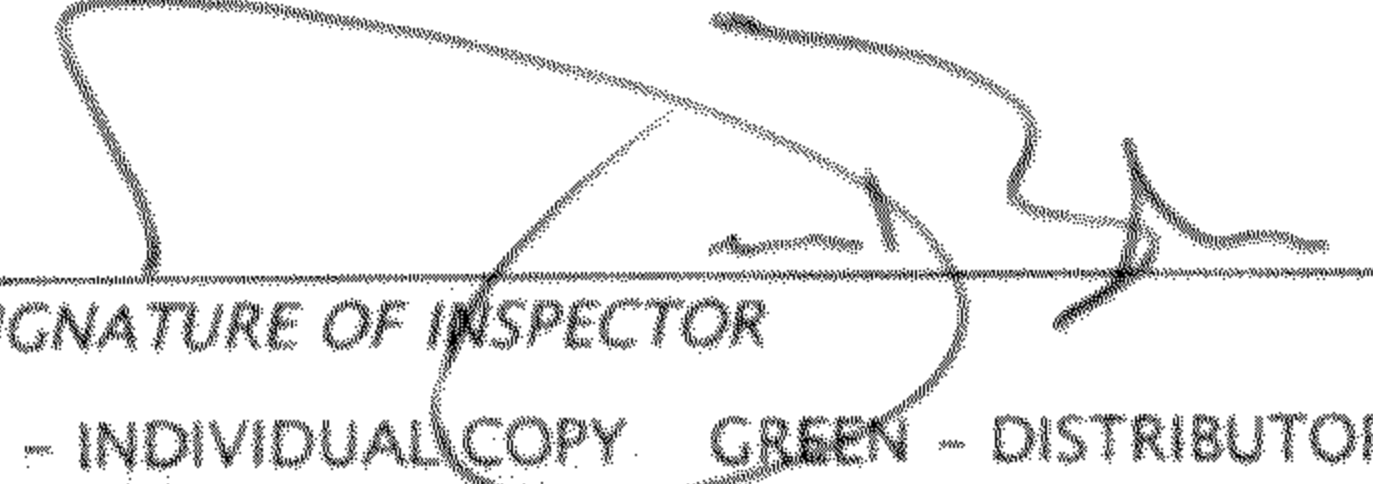
TYPE: DDD#: 020516850 NAME: Giant Eagle #4056 R.P.: ADDR: Pg 2 of 3	AREA CODE / TELEPHONE NUMBER	TIME IN A.M. P.M.	TIME OUT A.M. P.M.
	TYPE	FED. #	EXP. DATE
	HOURS OPEN		
	FAX NUMBER EMAIL		
CAT: III CLASS: OS CNTY: (78) - Trumbull			

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

<div>1. LICENSING</div> <div>2. I.D. CARDS</div> <div>3. RECORD SYSTEM</div> <div>4. BARRICADE</div> <div>5. MIN. STANDARDS</div> <div>6. SECURITY</div> <div>7. LIBRARY</div> <div>8. CLEANLINESS</div> <div>9. REFRIGERATION</div> <div>10. ACCOUNTABILITY</div> <div>11. IMPROPER DISPENSING</div> <div>12. INSUFFICIENT SUPERVISION</div> <div>13. INVENTORY RECORDS</div> <div>14. DRUG DESTRUCTION</div> <div>15. ILLEGAL SALES</div> <div>16. ILLEGAL PURCHASES</div> <div>17. SAMPLES</div> <div>20. IMPROPER Rx's</div> <div>21. OUTDATED DRUGS</div> <div>22. DRUG LABELS</div> <div>23. Rx INFORMATION</div> <div>24. OTC/SYRINGES</div> <div>26. Rx FILES</div> <div>27. Rx COPIES</div> <div>28. Rx INT/DATE</div> <div>29. DEA INVENTORY</div> <div>30. PHONED C-II Rx</div> <div>31. REFILLS-6MO/5X</div> <div>32. REFILLS-INT/DATE</div> <div>33. REFILLS-UA</div> <div>37. COUNSELING</div> <div>38. PSE SALES</div> <div>39. OARRS</div> <div>40. CONFIDENTIALITY</div> <div>Full <input type="checkbox"/> Partial <input type="checkbox"/></div>	Room 4. Prescription barricade inspection Report Completed. Physical barricade approved this day
	5. Minimum Standard 3 Met
	6. Note: The theft of drugs is a felony and must be reported immediately upon discovery via telephone to the Ohio State Board of Pharmacy. No recent criminal offenses reported at this location.
	7. State and federal laws can be obtained at this location by way of internet access.
	8. OK 9. OK, log is used
	10. DEA 222 forms are manually completed and maintained in good order. Additional records of accountability are located in a box labeled "Controlled Drug records"

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

	4/28/15		4/28/2015
SIGNATURE OF PERSON IN CHARGE	DATE	SIGNATURE OF INSPECTOR	DATE
PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY			

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, RM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:

DDD#: 020516850

NAME: Giant Eagle #10560

R.P.:

ADDR:

Pg 3 of 3

AREA CODE / TELEPHONE NUMBER

TIME IN

A.M.

P.M.

TIME OUT

A.M.

P.M.

TYPE

FED. #

EXP. DATE

HOURS
OPEN

FAX NUMBER

EMAIL

CAT: III

CLASS: OS

CNTY: (18) Trumbull

PERSONNEL

INIT.
USED

TITLE/
I.D. NO.

PERSONNEL

INIT.
USED

TITLE/
I.D. NO.

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
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33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☐ Partial ☐

10. Cont'

A C-II perpetual log is used as reviewed.

21. Drug Stock reviewed for outdates. As reviewed

upcoming outdates are labeled to indicate such. Reviewing

return to stock procedures, and beyond use dating.

23. C-II - IV rx files reviewed this date Rx are

manually initialed.

26. A 3 part Rx Filling System is used.

29. Most recent Controlled Substance Inventory Completed

May 2, 2014 by R. Ph. Lewis prior to the opening

of business.

39. As reviewed both R. Ph's Barringer & Ganser are registered

and able to use OARRS.

Approximately 150 Rx's are filled daily about 60% are Refill Rx's
Wholesalers: McKesson Amada

☐ PINK SHEET ISSUED FOR NUMBER(S):

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SIGNATURE OF PERSON IN CHARGE

DATE

SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev. 04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: 04/28/2015	T.D.D.D. #: 020516850
BOARD AGENT: John Bonish	D.E.A. #: BG1090012

YES NO (Place an X on the appropriate line for each statement below)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- ☒ — Key in ~~sealed envelope~~ in safe. *that only R.Ph.'s can access*
- ☒ — All items requiring R.Ph. supervision are inside barricade.
- ☒ — Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- ☒ — Minimum of seven (7) feet in height.
- ☒ — Fully enclosed.
- ☒ — Suitable locks are provided.
- ☒ — Prescription department cannot be entered when locked without obvious damage to barricade.
- ☒ — No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

ELECTRONICS: *Act as a backup to physical Barricade*

- — This is a company-owned system.
If no, leased from who? _____
- — This is a — HARDWIRE / — WIRELESS / — BOTH system. (*check one*)
- — There is a functional emergency "hold up" button.
- — System is in operation at all times when R.Ph. is not present.
- — Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?

- — Only pharmacists possess access code to prescription room.
- — System was tested this date. Date system was last tested? _____
- — Slot is provided for drop-in prescriptions.
- — Suitable notice of operating hours to public is posted.
- ☒ — Notice of emergency service is posted.

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

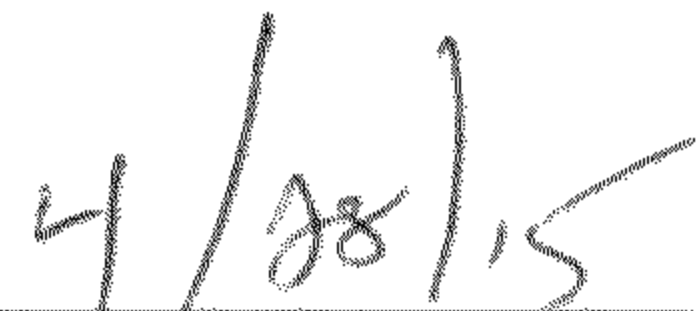
(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:**I have been informed of and understand the following requirements:**

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.



(Signature of R.Ph./Owner)



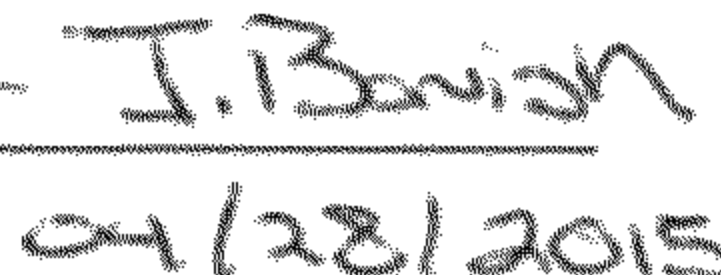
(Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:



(Signature of Board Agent)



04/28/2015

Agent

(Title)

Comments:

Enterprise Pharmacy System

Version 2.5.08.012 build 2508.256

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, RM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: <u>DDD</u>	AREA CODE / TELEPHONE NUMBER	TIME IN	TIME OUT
DDD# <u>020516850</u>	<u>330 395 0505</u>	<u>4:00</u> <u>PM</u>	<u>4:30</u> <u>PM</u>
NAME: <u>Grant Eagle #4056</u>	TYPE	FED. #	EXP. DATE
R.P.: <u>Timothy A. Lewis R.Ph.</u>	<u>Retail Chain</u>	<u>BG1090012</u>	<u>9-30-2017</u>
ADDR: <u>2700 Mahoning Ave N.W.</u>	HOURS OPEN	<u>Mon-Fri</u>	<u>SAT</u> <u>SUN</u>
<u>Warren, Ohio 44483</u>	<u>9a-9p</u>	<u>9a-7p</u>	<u>9a-5p</u>
CAT: <u>III</u>	FAX NUMBER	EMAIL	
CNTY: <u>(T8) Trumbull</u>	<u>(330) 399-1895</u>		
CLASS: <u>OS</u>			

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
<u>Thomas J. Barringer</u> (REF)		<u>03225064</u>	RECEIVED		
			<u>AUG 27 2015</u>		

- 1. LICENSING
 - 2. I.D. CARDS
 - 3. RECORD SYSTEM
 - 4. BARRICADE
 - 5. MIN. STANDARDS
 - 6. SECURITY
 - 7. LIBRARY
 - 8. CLEANLINESS
 - 9. REFRIGERATION
 - 10. ACCOUNTABILITY
 - 11. IMPROPER DISPENSING
 - 12. INSUFFICIENT SUPERVISION
 - 13. INVENTORY RECORDS
 - 14. DRUG DESTRUCTION
 - 15. ILLEGAL SALES
 - 16. ILLEGAL PURCHASES
 - 17. SAMPLES
 - 20. IMPROPER Rx's
 - 21. OUTDATED DRUGS
 - 22. DRUG LABELS
 - 23. Rx INFORMATION
 - 24. OTC/SYRINGES
 - 26. Rx FILES
 - 27. Rx COPIES
 - 28. Rx INT/DATE
 - 29. DEA INVENTORY
 - 30. PHONED C-II Rx
 - 31. REFILLS-6MO/5X
 - 32. REFILLS-INT/DATE
 - 33. REFILLS-UA
 - 37. COUNSELING
 - 38. PSE SALES
 - 39. OARRS
 - 40. CONFIDENTIALITY
- Full ☐ Partial ☒

BT: *****

1. State and Federal licenses are current and posted for inspection

2. R.Ph. Barringer is carrying a valid Signed I.D. Card.

3. Computer Software used at this location is Enterprise Pharmacy System (EPS) Version 2.6.00.10 build 2600.1231. 7 terminals are maintained for data functions.

4. Barricade inspection completed this day after recent changes to the barricade were reported. Physical Barricade has been approved this day.

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE _____ DATE 8/17/15 SIGNATURE OF INSPECTOR _____ DATE 08/17/2015

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

OK
Jew
10/6/15

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: <u>08/17/2013</u>	T.D.D.D. #: <u>020516250</u>
BOARD AGENT: <u>John Bonish</u>	D.E.A. #: <u>BG1090012</u>

YES NO (Place an X on the appropriate line for each statement below)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- ☒ Key in ~~sealed envelope~~ in safe. That only can be accessed by R.Ph.
- ☒ All items requiring R.Ph. supervision are inside barricade.
- ☒ Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- ☒ Minimum of seven (7) feet in height.
- ☒ Fully enclosed.
- ☒ Suitable locks are provided.
- ☒ Prescription department cannot be entered when locked without obvious damage to barricade.
- ☒ No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

ELECTRONICS: Not tested this date and remain unchanged

- ☐ This is a company-owned system.
If no, leased from who? _____
- ☐ This is a ☐ HARDWIRE / ☐ WIRELESS / ☐ BOTH system. (check one)
- ☐ There is a functional emergency "hold up" button.
- ☐ System is in operation at all times when R.Ph. is not present.
- ☐ Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert? _____
- ☒ Only pharmacists possess access code to prescription room.
- ☐ System was tested this date. Date system was last tested? _____
- ☐ Slot is provided for drop-in prescriptions.
- ☒ Suitable notice of operating hours to public is posted.
- ☐ Notice of emergency service is posted.

11-11-21

OHIO STATE BOARD OF PHARMACY

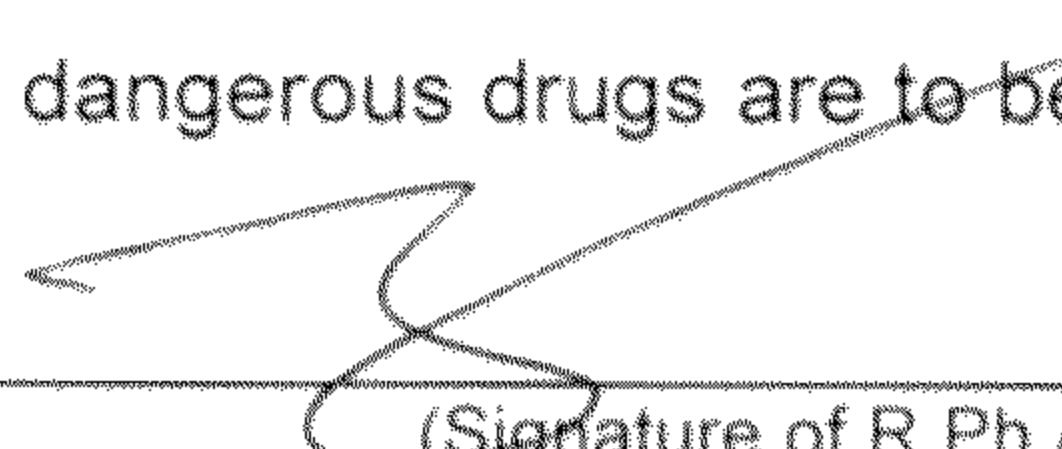
PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:

I have been informed of and understand the following requirements:

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.




 (Signature of R.Ph./Owner)



 (Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:



 (Signature of Board Agent)

 Agent
 (Title)

Comments:

EPS Enterprise Pharmacy System

Version : 2.6.00.10 Build 2402.1231

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT



OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, RM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 020516850 NAME: Giant Eagle #4056 R.P.: Barb Carlson ADDR: 2700 Mahoning Ave Warren, OH 44483 CAT: IV CNTY: Cuyahoga			AREA CODE / TELEPHONE NUMBER 330-395-0505 / 1-800-820-0000 TYPE: _____ FED. # _____ HOURS OPEN: _____ FAX NUMBER: _____ EMAIL: _____		TIME IN A.M. 1:00 P.M. 3:00 P.M. 5:00 P.M. 7:00 P.M. 9:00 P.M. TIME OUT A.M. 3:00 P.M. 5:00 P.M. 7:00 P.M. 9:00 P.M. EXP. DATE: 2/30/12 RECEIVED APR 11 2012	
PERSONNEL Barb Carlson			INIT. USED 03215659		TITLE / I.D. NO. Giant Eagle Pharmacy #4056 2700 Mahoning Ave Warren OH 44483	

<ol style="list-style-type: none"> 1. LICENSING 2. I.D. CARDS 3. RECORD SYSTEM 4. BARRICADE 5. MIN. STANDARDS 6. SECURITY 7. LIBRARY 8. CLEANLINESS 9. REFRIGERATION 10. ACCOUNTABILITY 11. IMPROPER DISPENSING 12. INSUFFICIENT SUPERVISION 13. INVENTORY RECORDS 14. DRUG DESTRUCTION 15. ILLEGAL SALES 16. ILLEGAL PURCHASES 17. SAMPLES 20. IMPROPER Rx's 21. OUTDATED DRUGS 22. DRUG LABELS 23. Rx INFORMATION 24. OTC/SYRINGES 26. Rx FILES 27. Rx COPIES 28. Rx INT/DATE 29. DEA INVENTORY 30. PHONED C-II Rx 31. REFILLS-6MO/5X 32. REFILLS-INT/DATE 33. REFILLS-UA 37. COUNSELING 38. PSE SALES 39. OARRS 40. CONFIDENTIALITY 	<p>The following insurance/counseling logs were removed on this date: 2/20/11, 5/3/11, 5/13/11 and 6/28/11. Copies of the logs were left as receipts.</p> <p>Please locate the following hard copy prescriptions for Agent Edwards to pick up at a later date: Rx # 6116966, 6121425, 6127322, 6135358, 6140889, 6146406, 4305136, 4306228, 4307373, 4306020.</p>
--	---

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

 SIGNATURE OF PERSON IN CHARGE	4/3/12 DATE	 SIGNATURE OF INSPECTOR	DATE
--	----------------	---	------

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

10/18/2017 10:10 AM
10/18/2017 10:10 AM

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, RM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:

DDD#: 020516850

NAME: Carl Eagle #4050

R.P.:

ADDR: Barb Carlson

2700 Mahony

Warren, OH 44483

CAT:

CNTY:

CLASS:

AREA CODE / TELEPHONE NUMBER

330-395-0505

TIME IN

1:45

A.M.

P.M.

TIME OUT

3:00

A.M.

P.M.

TYPE

FED. #

EXP. DATE

BG1090012 9/30/14

HOURS
OPEN

FAX NUMBER

EMAIL

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

Barb Carlson

03215699

Carl 2012-1181

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
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32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☐ Partial ☒

The following insurance/counseling logs were removed on this date: 4/30/11 (Rx# 4306020), 5/8/11 (Rx# 4306228), 5/21/11 (Rx# 4306228), 6/4/0889 (6/2/11), 7/3/11 (Rx# 6146406)

The following hard copy prescriptions were also removed: Rx# 6121425, 4306020, 6135358, 4306228, 6140889, 6146406. Hand written receipts left with RPL.

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

B. Carlson

SIGNATURE OF PERSON IN CHARGE

DATE

Will G. M. 4/6/12

SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:

DDD#: 02-0516850F

NAME:

R.P.: GIANT Eagle Pharmacy #4056

ADDR:

2700 MATHONING AVE NW
WARREN, OHIO 44483

AREA CODE / TELEPHONE NUMBER

330-395-0505

TIME IN

1045

A.M.

P.M.

TIME OUT

145

A.M.

P.M.

TYPE

05

FED.#

BG1090012

EXP. DATE

9-09

HOURS

OPEN

(DAILY)

9-9

(SAT.)

(SUN. & HOLIDAYS)

CAT: III

CLASS: 05

CNTY: TROMBOLL

RESPONSIBLE PERSON

13757
GRAD EDWIN DAUGHEATY RPh

TITLE/I.D. NO.

INIT. USED

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

CATHY A. ROZZI RPh

CAL

03-2-16473

Thomas J. BARRINGER RPh

T.B.

03-2-25061

OHIO PHARMACY BOARD

OCT 23 2006

1. LICENSING

2. I.D. CARDS

3. RECORDS SYSTEM

4. BARRICADE

5. MIN. STANDARDS

6. SECURITY

7. LIBRARY

8. CLEANLINESS 10-27-06

9. REFRIGERATION

10. ACCOUNTABILITY

11. IMPROPER DISPENSING

* 12. INSUFFICIENT SUPERVISION

13. INVENTORY RECORDS

14. DRUG DESTRUCTION

15. ILLEGAL SALES

16. ILLEGAL PURCHASES

17. SAMPLES

18. NON-REG COMPOUNDING

19. Rx BLANKS

20. IMPROPER Rx's

21. OUTDATED DRUGS

22. DRUG LABELS

23. Rx INFORMATION

24. OTC/SYRINGES

25. GENERIC MFG.

26. Rx FILES

27. Rx COPIES

28. Rx INT/DATE

29. DE INVENTORY

30. PHONESCHIIRx

31. REFILLS-6MO/5X

32. REFILLS-INT/DATE

33. REFILLS-UA

34. EMERGENCY KIT

35. CONTINGENCY KIT

36. NON-REG DISPENSING

37. COUNSELING

The State, Federal, & personal ^{RPh} licenses are current

The pharmacy has three patient dispensing computers with PDx Software.

The pharmacy has a full physical barricade - draw - around metal screens. The pharmacy has a RPh controlled stand alone hardwire & wireless alarm.

The staff RPh's have their own keys & code to the pharmacy. The relief RPh obtains her key & code access via a RPh controlled metal security box.

* 12-Resp Person Daughearty RPh failed to report a felony to this Agent - 2921.22 ORC. See attached copy of Rx discovered in copies at this pharmacy, FAX sheet prepared by RPh Daughearty for Doctor.

☒ PINK SHEET ISSUED FOR NUMBER(S): *12-20-30-21-29

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF CORRECTIVE ACTION TAKEN NOTED ON THE REVERSE SIDE, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE

10-16-06

DATE SIGNED

SIGNATURE OF INSPECTOR

PHA-0610 (Rev. 02/02)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 02-0516850 NAME: R.P.: ADDR: CAT: CNTY:	<div style="text-align: right; font-size: 1.5em; margin-bottom: 10px;">pg. 2</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">AREA CODE / TELEPHONE NUMBER</td> <td style="width: 10%;">TIME IN</td> <td style="width: 10%;">A.M.</td> <td style="width: 10%;">TIME OUT</td> <td style="width: 10%;">A.M.</td> </tr> <tr> <td></td> <td></td> <td>P.M.</td> <td></td> <td>P.M.</td> </tr> <tr> <td colspan="2">TYPE</td> <td colspan="2">FED.#</td> <td>EXP. DATE</td> </tr> <tr> <td colspan="2">HOURS OPEN</td> <td>(DAILY)</td> <td>(SAT.)</td> <td>(SUN. & HOLIDAYS)</td> </tr> <tr> <td colspan="2">RESPONSIBLE PERSON</td> <td colspan="2">TITLE/I.D. NO.</td> <td>INIT. USED</td> </tr> </table>	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.			P.M.		P.M.	TYPE		FED.#		EXP. DATE	HOURS OPEN		(DAILY)	(SAT.)	(SUN. & HOLIDAYS)	RESPONSIBLE PERSON		TITLE/I.D. NO.		INIT. USED
AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.																						
		P.M.		P.M.																						
TYPE		FED.#		EXP. DATE																						
HOURS OPEN		(DAILY)	(SAT.)	(SUN. & HOLIDAYS)																						
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PERSONNEL	INIT. USED	TITLE/I.D. NO.	PERSONNEL	INIT. USED	TITLE/I.D. NO.

<ol style="list-style-type: none"> 1. LICENSING 2. I.D.CARDS 3. RECORDSYSTEM 4. BARRICADE 5. MIN.STANDARDS 6. SECURITY 7. LIBRARY 8. CLEANLINESS 9. REFRIGERATION 10. ACCOUNTABILITY 11. IMPROPERDISPENSING 12. INSUFFICIENTSUPERVISION 13. INVENTORYRECORDS 14. DRUGDESTRUCTION 15. ILLEGALSALLES 16. ILLEGALPURCHASES 17. SAMPLES 18. NON-REGCOMPOUNDING 19. RxBLANKS 20. IMPROPERRx'S 21. OUTDATEDDRUGS 22. DRUGLABELS 23. RxINFORMATION 24. OTC/SYRINGES 25. GENERICMFG. 26. RxFILES 27. RxCOPIES 28. RxINT/DATE 29. DEAINVENTORY 30. PHONEDSCHIRx 31. REFILLS-6MO/5X 32. REFILLS-INT/DATE 33. REFILLS-UA 34. EMERGENCYKIT 35. CONTINGENCYKIT 36. NON-REGDISPENSING 37. COUNSELING 	<p><i>& letter prepared by Dr. Franklin for OSBP Agent Bodi. RPh Dougherty failed to report the felony to this agent a local police. See this requirement in your law book - MISD, 4 violations. * Pink sheet Reply required</i></p> <p><i>- Counseling logs are properly completed & stored</i></p> <p><i>- Your Daily audit reports are properly signed by the dispensing RPh but their manner of stacking & storage needs the attention of the Resp Person RPh. The sheets are currently questionably thrown in a cardboard box in a very messy manner. Please correct this procedure. Please seal the Daily Audit reports box that is filled & laying open on the floor. Questions - Review 4729-5-27(2)</i></p>
---	--

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

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 SIGNATURE OF PERSON IN CHARGE

10-16-05
 DATE SIGNED


 SIGNATURE OF INSPECTOR

PHA-0610 (Rev. 02/02) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY GREEN - DISTRIBUTOR COPY PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 02-0516850 NAME: R.P.: ADDR: CAT: CNTY:	<div style="text-align: right; font-size: 1.5em; margin-bottom: 10px;">Pg. 3</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">AREA CODE / TELEPHONE NUMBER</td> <td style="width: 10%;">TIME IN</td> <td style="width: 10%;">A.M.</td> <td style="width: 10%;">TIME OUT</td> <td style="width: 10%;">A.M.</td> </tr> <tr> <td></td> <td></td> <td>P.M.</td> <td></td> <td>P.M.</td> </tr> <tr> <td colspan="2">TYPE</td> <td colspan="2">FED.#</td> <td>EXP. DATE</td> </tr> <tr> <td colspan="2">HOURS OPEN</td> <td>(DAILY)</td> <td>(SAT.)</td> <td>(SUN. & HOLIDAYS)</td> </tr> <tr> <td colspan="2">RESPONSIBLE PERSON</td> <td colspan="2">TITLE/I.D. NO.</td> <td>INIT. USED</td> </tr> </table>	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.			P.M.		P.M.	TYPE		FED.#		EXP. DATE	HOURS OPEN		(DAILY)	(SAT.)	(SUN. & HOLIDAYS)	RESPONSIBLE PERSON		TITLE/I.D. NO.		INIT. USED
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PERSONNEL	INIT. USED	TITLE/I.D. NO.	PERSONNEL	INIT. USED	TITLE/I.D. NO.

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7. LIBRARY
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13. INVENTORYRECORDS
14. DRUGDESTRUCTION
15. ILLEGALSALES
16. ILLEGALPURCHASES
17. SAMPLES
18. NON-REGCOMPOUNDING
19. ~~RxBLANKS~~
20. IMPROPERRx'S
21. OUTDATEDDRUGS
22. DRUGLABELS
23. RxINFORMATION
24. OTC/SYRINGES
25. GENERICMFG.
26. RxFILES
27. RxCOPIES
28. RxINT/DATE
29. DEAINVENTORY
30. PHONEDSCHIIRx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
34. EMERGENCYKIT
35. CONTINGENCYKIT
36. NON-REGDISPENSING
37. COUNSELING

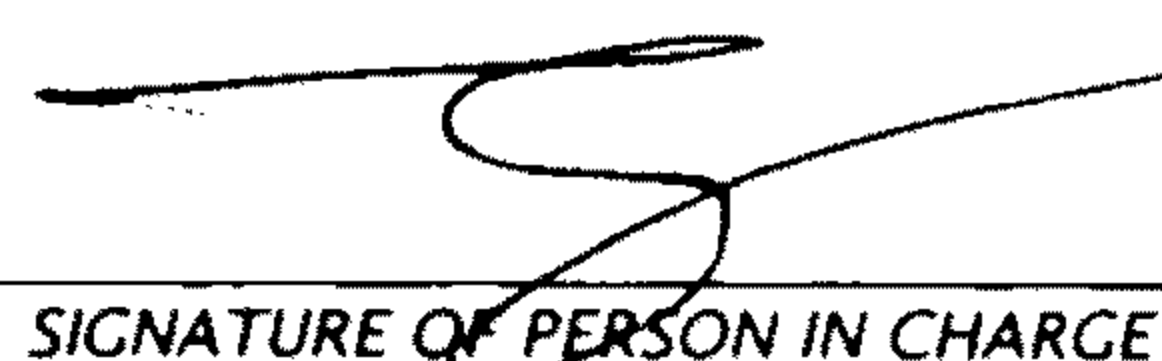
* **(30)** See Rx 2178266 - This C-II Rx is prepared with a computer label on a Telephone Blank Rx with no notes or original Rx explanation by the dispensing RPh Brad Daugherty. This Rx exceeds the SIB for an emergency 72 Rx. * Please reply with explanation

(20) * - ALL Telephone Rx's must have the full name of the prescriber Nurse/Agent - See Rx 4265682, 4265669, 4265662, 4265605. Note - Your blank telephone Rx's have a space require the caller's last name

- **(21)** You have 12 VIALS marked "ops" with various legend/dangerous drug tablets stored inside the vials. What is the purpose behind this accountability or lack of

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IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF CORRECTIVE ACTION TAKEN NOTED ON THE REVERSE SIDE, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.


SIGNATURE OF PERSON IN CHARGE

10-16-05
DATE SIGNED


SIGNATURE OF INSPECTOR

PHA-0610 (Rev. 02/02)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 02-0516850 NAME: R.P.: ADDR: CAT: CNTY:	PG. 4 AREA CODE / TELEPHONE NUMBER TIME IN A.M. P.M. TIME OUT A.M. P.M. TYPE FED.# EXP. DATE HOURS OPEN (DAILY) (SAT.) (SUN. & HOLIDAYS) RESPONSIBLE PERSON TITLE/I.D. NO. INIT. USED
--	---

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING
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34. EMERGENCYKIT
35. CONTINGENCYKIT
36. NON-REGDISPENSING
37. COUNSELING

#29 Your RECORD Keeping is messy. I was unable to locate your Biennial inventory. I only located Biennial inventories stuffed in the bottom of your C-II safe from 8-10 years ago but nothing current. Please prepare a New Controlled Drug inventory or in a written reply advise the date of your current inventory.

Wholesaler - McKesson - ANDA

Weekly - New/Refill BTMS - 1900

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OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:
 DDD#: 02-0516850
 NAME: GIANT Eagle Pharmacy #4056
 R.P.: 2700 MALLONING AVE NW
 ADDR: WAHREN, Ohio 44483

AREA CODE / TELEPHONE NUMBER: 330-395-0505
 TIME IN: 1045 P.M.
 TIME OUT: 145 P.M.

TYPE: 05
 FED.#: BG1070212
 EXP. DATE: 1-28

HOURS OPEN: 9-9 (DAILY)
 (SAT.):
 (SUN. & HOLIDAYS):

CAT: III
 CLASS: 05
 CNTY: TRUMBULL

RESPONSIBLE PERSON: 13757
 TITLE/I.D. NO.: GRAD EDWIN DAUGHEATY RPh
 INIT. USED:

PERSONNEL	INIT. USED	TITLE/I.D. NO.	PERSONNEL	INIT. USED	TITLE/I.D. NO.
CATHY A. ROZZI RPh	CAL	03-2-16473	OHIO PHARMACY BOARD		
THOMAS J. BARRINGER RPh	T.B.	03-2-25061	OCT 27 2006		

1. LICENSING
2. I.D. CARDS
3. RECORDS SYSTEM
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34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

- The State Federal & personal licenses are current

- The pharmacy has three patient dispensing computers with PDx Software.

- The pharmacy has a full physical laminated - draw - around metal screen. The pharmacy has a RPh controlled stand alone hardware & wireless alarm.

- The staff RPh's have their own keys & code to the pharmacy. The relief RPh (Barringer) has key & code access via a RPh controlled metal security box.

* 12 - Resp Person Daugheaty RPh failed to report a felony to this Agent - 2921.22 ORC. See attached copy of Rx document in course at this pharmacy. Fax sheet prepared by RPh Daugheaty for Doctor.

☒ PINK SHEET ISSUED FOR NUMBER(S): 12-20-30-31-32

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF CORRECTIVE ACTION TAKEN NOTED ON THE REVERSE SIDE, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE

DATE SIGNED: 10-16-06

SIGNATURE OF INSPECTOR: [Signature]

PHA-0610 (Rev. 02/02)

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GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

COPY TO GPR
 FILE: CKR 11-02-06

10/24/06

(12) I APOLOGIZE TO AGENT GEORGE PAULICH
AND THE BOARD OF PHARMACY FOR DESTROYING
THE RX FOUND ON THE PUBLIC USE COPIER IN
OUR STORE. UPON BEING MADE AWARE OF THE
RX, I IMMEDIATELY CONTACTED THE PRESCRIBING
PHYSICIAN AND FAXED THE RX TO THE PHYSICIAN.
WHY AT THAT POINT, I DECIDED TO DESTROY THE RX
AND NOT CALL AGENT PAULICH AND INFORM HIM OF
THE SITUATION WAS VERY POOR JUDGEMENT ON MY PART
AND I CANNOT DEFEND, I WILL NEVER DO SOMETHING
AS STUPID AS THAT AGAIN.

Geoffrey R. R. R.

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 02-0516850 NAME: R.P.: ADDR:	AREA CODE / TELEPHONE NUMBER	TIME IN A.M. P.M.	TIME OUT A.M. P.M.
	TYPE FED.#		EXP. DATE
	HOURS OPEN (DAILY)		(SAT.) (SUN. & HOLIDAYS)
	RESPONSIBLE PERSON		TITLE/I.D. NO. INIT. USED
CAT: CNTY:	CLASS:		

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

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③⑥ R 2178266 - COMPUTER LABEL ON TELEPHONE
R BLANK

THIS R WAS NOT FILLED AND THE
COMPUTER LABEL WAS JUST MARKING THE VOIDED R.
NORMALLY I WRITE ACROSS THE FACE OF THE R
THAT THIS R WAS DEACTIVATED BUT DID NOT DO SO
ON THIS R. COMPUTER TRANSACTION SHOWS THAT
THIS R WAS NEVER DISPENSED.

③⑦ ALL TELEPHONE RXS WILL HAVE THE FIRST AND
LAST NAMES OF THE PRESCRIBERS NURSE/AGENT COME
FORWARD.

③⑧ THE 12 VIALS OF MISCELLANEOUS BROKEN TABLETS,
RETURNED R TABLETS FROM PATIENTS, TABLETS DROPPED
AND FOUND ON FLOOR THAT HAVE ACCUMULATED OVER TIME
HAVE BEEN DESTROYED AND WILL NOT ACCUMULATE IN
THE FUTURE.

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 02-0516850 PG. 4 NAME: R.P.: ADDR:	AREA CODE / TELEPHONE NUMBER	TIME IN A.M. P.M.	TIME OUT A.M. P.M.	
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	CAT: CNTY:	CLASS:	RESPONSIBLE PERSON	TITLE/I.D. NO. INIT. USED

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

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	10-16-06	

PHA-0610 (Rev. 02/02) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY GREEN - DISTRIBUTOR COPY PINK - INDIVIDUAL COPY

(29) THE MOST CURRENT (5/1/05) BIENNIAL INVENTORY WAS STORED IN THE CABINET NEXT TO THE G-II SAFE. THE OLD BIENNIAL INVENTORY SHEETS WILL BE DESTROYED TO REDUCE THE CLUTTER. I WILL KEEP THE LAST 2 BIENNIAL INVENTORY SHEETS FOR MY CONVERSATION WITH AGENT PAULICH.

JL-24-2006 14:41

710BP

440 286 3317 P.04/04



YOUR GIANT EAGLE
PHARMACIST IS
AVAILABLE TO COUNSEL
YOU ON ANY QUESTIONS
ABOUT YOUR PRESCRIPTION

Dr. .

THIS WAS
LEFT IN

OUR PUBLIC USE
Cabinet

Brian
Dayharts
RPH

SAVE THIS RECEIPT FOR TAX OR INSURANCE PURPOSES.

R.Ph. _____

TOTAL P.04

14-24-2006 14.4.

710BP

440 286 3317

P.02/04

Peter S Franklin MD Inc
15389 West High Street
Middlefield, Ohio 44062

July 7, 2006

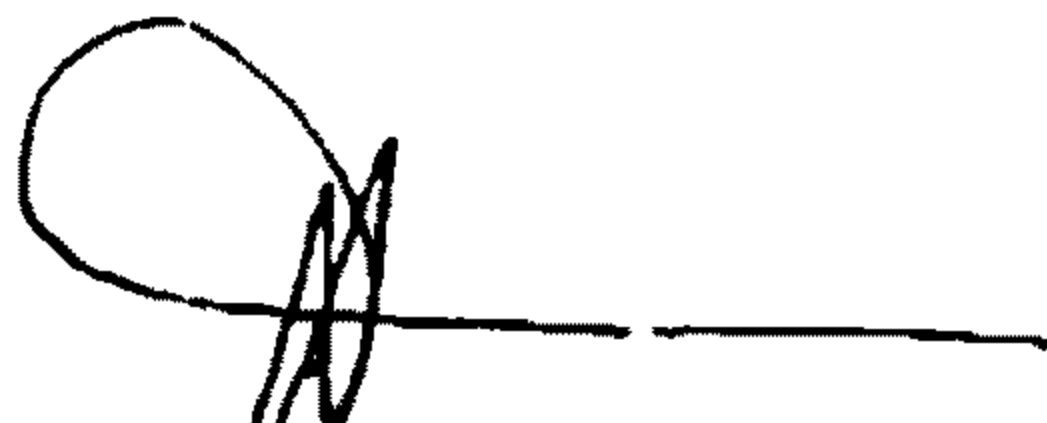
Agent Frank Boda
Ohio State Board of Pharmacy
77 South High Street
Columbus, Ohio 43215-6126

Dear Agent Boda:

I mentioned to you that a Giant Eagle pharmacy in Warren called me to let me know about a prescription left in a copier.

I enclose herewith what I received in the mail today from that pharmacy.

SINCERELY



PETER FRANKLIN MD

(440) 632-0767 fax (216) 274-6275 mobile (440) 823-7103

• • • • •

Store # 4097

412-968-1552

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, RM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: RNPC	AREA CODE / TELEPHONE NUMBER 440-428-6111	TIME IN 11:30 AM	TIME OUT 2:30 PM
DDD#: 0211588SD	TYPE RNPC	FED. # PK-6517803	EXP. DATE 9/30/14
NAME: Giant Eagle #4097	HOURS OPEN M-F 9-9 Sat 9-7 Sun 7-5		
R.P.: 1 of 5	FAX NUMBER 440-428-6176	EMAIL	
ADDR: Jennifer Dinnick			
6556 N. Ridge Rd.			
Madison, OH 44057			
CAT: II	CLASS:		
CNTY: 43			

PERSONNEL	INIT. USED	TITLE / I.D. NO.	PERSONNEL	INIT. USED	TITLE / I.D. NO.
Jennifer Dinnick		03316100	Patrick O'Block		13994
Lisa Dowling		03317107			
Jenna Miller		06010850			

- LICENSING
 - I.D. CARDS
 - RECORD SYSTEM
 - BARRICADE
 - MIN. STANDARDS
 - SECURITY
 - LIBRARY
 - CLEANLINESS
 - REFRIGERATION
 - ACCOUNTABILITY
 - IMPROPER DISPENSING
 - INSUFFICIENT SUPERVISION
 - INVENTORY RECORDS
 - DRUG DESTRUCTION
 - ILLEGAL SALES
 - ILLEGAL PURCHASES
 - SAMPLES
 - IMPROPER RX'S
 - OUTDATED DRUGS
 - DRUG LABELS
 - Rx INFORMATION
 - OTC/SYRINGES
 - Rx FILES
 - Rx COPIES
 - Rx INT/DATE
 - DEA INVENTORY
 - PHONED C-II RX
 - REFILLS-6MO/SX
 - REFILLS-INT/DATE
 - REFILLS-UA
 - COUNSELING
 - PSE SALES
 - OARRS
 - CONFIDENTIALITY
- Full ☒ Partial ☐

1) RPA + OSBP licenses current and posted.
RPh will licenses posted.

2) OK

3) Enterprise Pharmacy System Report full dispensing software. Seven computer terminals handle data entry of prescription and patient profile info. Data backed up at corporate HQ. Three stations for RX processing - data entry, fill and verification. Giant Eagle uses combination bar code scanner and fingerprint reader to document positive ID on acts of dispensing and verification. System is not yet approved for paperless positive ID. Currently daily report prints out listing

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE: *[Signature]* DATE: *7/17/14* SIGNATURE OF INSPECTOR: *[Signature]* DATE: *7/17/14*

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, RM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 021158850 NAME: R.P.: ADDR: 2 of 5			AREA CODE / TELEPHONE NUMBER		TIME IN A.M. P.M.		TIME OUT A.M. P.M.	
CAT: CNTY:			CLASS:		TYPE FED. #		EXP. DATE	
HOURS OPEN			FAX NUMBER		EMAIL			
PERSONNEL INIT. USED TITLE/ I.D. NO.			PERSONNEL INIT. USED TITLE/ I.D. NO.					

1. LICENSING 2. I.D. CARDS 3. RECORD SYSTEM 4. BARRICADE 5. MIN. STANDARDS 6. SECURITY 7. LIBRARY 8. CLEANLINESS 9. REFRIGERATION 10. ACCOUNTABILITY 11. IMPROPER DISPENSING 12. INSUFFICIENT SUPERVISION 13. INVENTORY RECORDS 14. DRUG DESTRUCTION 15. ILLEGAL SALES 16. ILLEGAL PURCHASES 17. SAMPLES 20. IMPROPER Rx's 21. OUTDATED DRUGS 22. DRUG LABELS 23. Rx INFORMATION 24. OTC/SYRINGES 26. Rx FILES 27. Rx COPIES 28. Rx INT/DATE 29. DEA INVENTORY 30. PHONED C-II Rx 31. REFILLS-6MO/5X 32. REFILLS-INT/DATE 33. REFILLS-UA 37. COUNSELING 38. PSE SALES 39. OARRS 40. CONFIDENTIALITY Full <input type="checkbox"/> Partial <input type="checkbox"/>	RPh who completed acts of verification. Report signed by RPh. to show positive ID. Barcode that is issued to RPh. times out after 24 hours. Barcode generated when RPh enters unique pin and password. A paperless positive ID system must retain the ability to document when RPh. manually verifies prescriptions in the event that fingerprint reader is not working. Giant Eagle also uses second verification - DV2 which can be performed onsite or off site in Columbus. 4) Fully enclosed barcode with electronic alarm backup. Barcode inspection report completed.
--	--

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SIGNATURE OF PERSON IN CHARGE: [Signature] DATE: 7/17/14
 SIGNATURE OF INSPECTOR: [Signature] DATE: 7/17/14
 PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, RM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 021158850 NAME: R.P.: ADDR: CAT: CNTY:	AREA CODE / TELEPHONE NUMBER TIME IN A.M. P.M. TIME OUT A.M. P.M. TYPE FED. # EXP. DATE HOURS OPEN FAX NUMBER EMAIL
--	--

3 of 5

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
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14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
20. IMPROPER Rx's
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22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGES
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED C-II Rx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☐ Partial ☐

5.) OK

6.) Electronic alarm backs up physical barricade. Technician recently investigated for theft of drugs - properly reported to OSBP.

7.) RPh able to access OSBP website for Ohio Drug laws & rules

8.) OK

9.) OK - acceptable temp. range Temp log maintained

10.) Records of accountability maintained in controlled drug record box. DEA 222s executed upon receiving order from McKesson. RPh must enter quantity of zero (0) when ordered drug is not received - don't leave blank

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SIGNATURE OF PERSON IN CHARGE _____ DATE 7/14/14	SIGNATURE OF INSPECTOR _____ DATE 7/17/14
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PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, RM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:
DDD#: 021158850
NAME:
R.P.:
ADDR:

5 of 5

AREA CODE / TELEPHONE NUMBER TIME IN A.M. P.M. TIME OUT A.M. P.M.

TYPE FED # EXP. DATE

HOURS OPEN

FAX NUMBER EMAIL

CAT:
CNTY:

CLASS:

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

- LICENSING
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- REFILLS-INT/DATE
- REFILLS-UA
- COUNSELING
- PSE SALES
- OARRS
- CONFIDENTIALITY

24.) Syringes stored behind counter, not advertised for sale.
26.) 4 part filing system.
28.) Ideal copy Rxs properly initialed by dispensing RPh.
29.) Last biennial inventory completed 5/1/14 at business open by RPh. Diminick. Monthly reconcile completed.
32.) Daily log report reviewed and signed by dispensing RPh to show positive ID for refill Rxs dispensed.
39.) RPh demonstrated ability to log on to OARRS 2000 Rxs/week. RXN (689017) processed today.

Full ☐ Partial ☐

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SIGNATURE OF PERSON IN CHARGE

DATE

SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: <u>7/7/14</u>	T.D.D.D. #: <u>021158850</u>
BOARD AGENT: <u>Edwards/Doty</u>	D.E.A. #: <u>B66514803</u>

YES NO (Place an X on the appropriate line for each statement below)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- ☒ Key in sealed envelope in safe.
☒ All items requiring R.Ph. supervision are inside barricade.
☒ Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- ☒ Minimum of seven (7) feet in height.
☒ Fully enclosed.
☒ Suitable locks are provided.
☒ Prescription department cannot be entered when locked without obvious damage to barricade.
☒ No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

ELECTRONICS:

- ☒ This is a company-owned system.
 If no, leased from who? State Alarm
☒ This is a ☒ HARDWIRE / ☐ WIRELESS / ☐ BOTH system. (check one)
☒ There is a functional emergency "hold up" button.
☒ System is in operation at all times when R.Ph. is not present.
☒ Items in prescription room may not be removed when system is operating without activating the alarm.
 If yes, where does alarm sound or who does it alert?
Audible alarm, RPh called at home
☒ Only pharmacists possess access code to prescription room.
☒ System was tested this date. Date system was last tested? _____
☒ Slot is provided for drop-in prescriptions.
☒ Suitable notice of operating hours to public is posted.
☐ Notice of emergency service is posted.

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:

I have been informed of and understand the following requirements:

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.

Janifer Adinolfi RPh
(Signature of R.Ph./Owner)

7-7-14 2:50pm
(Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:

Wtl / Scl
(Signature of Board Agent)

Agent
(Title)

Comments:

Fully enclosed barricade with electronic alarm back up. Three sets of keys - one for each RPh plus master set in lock box. Two key controlled roll down steel gates plus key locking steel frame door. Electronic alarm backs up barricade.

Giant Eagle Pharmacy #4097
6556 N. Ridge Road
Madison, Ohio 44057
440-428-6111

MAIL PINK SHEET BACK TO OBP C/O ROBERT COLE

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

STATE BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - PHONE 614/466-4143; FAX 614/752-4836

TYPE: 03-1214750 P	PHONE (INCLUDE AREA CODE) 440-358-769	TIME IN 1:00 P.M.	TIME OUT 4:50 P.M.
DDD#: 0101T BAOLE	TYPE 05 (RETAIL)	FED # 366905482	EXP DATE 30-08
NAME: 1201 MENTOR AVE.	HOURS (DAILY) 9:00-9:00	(SAT) 7:00-7:00	(SUN & HOLIDAYS) 9:00-5:00
R.P.: PAINESVILLE, OHIO	RESPONSIBLE PERSON R.H. ROBERT	TITLE/D. NO. HYPER	INIT. USED
ADDR: PAINESVILLE, OHIO			
CAT: CLASS: 05			
CNTY: LAKE			

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
R.H. ROBERT		HYPER			
R.H. RUDY KOZAN		#03-1-10873			

- LICENSING 2/26/07
- I.D. CARDS yes
- RECORD SYSTEM OK
- BARRICADE
- MIN. STANDARDS
- SECURITY
- LIBRARY 2-20-07
- CLEANLINESS
- REFRIGERATION
- ACCOUNTABILITY
- IMPROPER DISPENSING
- INSUFFICIENT SUPERVISION
- INVENTORY RECORDS
- DRUG DESTRUCTION
- ILLEGAL SALES
- ILLEGAL PURCHASES
- SAMPLES
- NON-REG COMPOUNDING
- Rx BLANKS
- IMPROPER Rx'S
- OUTDATED DRUGS
- DRUG LABELS
- Rx INFORMATION
- OTC/SYRINGES
- GENERIC MFG.
- Rx FILES
- Rx COPIES
- Rx INT/DATE
- DE INVENTORY
- PHONE DSCHIRX
- REFILLS-6MO/5X
- REFILLS-INT/DATE
- REFILLS-UA
- EMERGENCY KIT
- CONTINGENCY KIT
- NON-REG DISPENSING
- COUNSELING Comp as 2-28-07

— PARTIAL INSPECTION —

1) OK

2) OK

3) IBM COMPUTER SYSTEM ON LINE TO ALL OTHER GIANT BAOLE PHARMACIES. COMPUTER GENERATES A DAILY LOG WHICH IS SIGNED BY DISPENSING R.H.

4) OK

☒ PINK SHEET ISSUED FOR NUMBER(S): #11

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY TO THE STATE BOARD OF PHARMACY WITHIN 20 DAYS FROM DATE ISSUED WITH EXPLANATION OF CORRECTIVE ACTION TAKEN NOTED ON THE REVERSE SIDE.

PERSON IN CHARGE

DATE SIGNED 2/15/07

INSPECTOR

PHA-0610 (Rev. 06/01)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

17

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: 02-1214750 DDD#: GIANT BAZE NAME: PAGE 2 OF 2 R.P.: ADDR: CAT: CLASS: CNTY:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">AREA CODE / TELEPHONE NUMBER</td> <td style="width: 10%;">TIME IN</td> <td style="width: 10%;">A.M.</td> <td style="width: 10%;">TIME OUT</td> <td style="width: 10%;">A.M.</td> </tr> <tr> <td></td> <td></td> <td>P.M.</td> <td></td> <td>P.M.</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">TYPE</td> <td style="width: 10%;">FED. #</td> <td style="width: 50%;">EXP. DATE</td> </tr> <tr> <td>05/20/12</td> <td></td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">HOURS OPEN</td> <td style="width: 10%;">(DAILY)</td> <td style="width: 10%;">(SAT.)</td> <td style="width: 40%;">(SUN. & HOLIDAYS)</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">RESPONSIBLE PERSON</td> <td style="width: 20%;">TITLE/I.D. NO.</td> <td style="width: 20%;">INIT. USED</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.			P.M.		P.M.	TYPE	FED. #	EXP. DATE	05/20/12			HOURS OPEN	(DAILY)	(SAT.)	(SUN. & HOLIDAYS)					RESPONSIBLE PERSON	TITLE/I.D. NO.	INIT. USED			
AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.																											
		P.M.		P.M.																											
TYPE	FED. #	EXP. DATE																													
05/20/12																															
HOURS OPEN	(DAILY)	(SAT.)	(SUN. & HOLIDAYS)																												
RESPONSIBLE PERSON	TITLE/I.D. NO.	INIT. USED																													

PERSONNEL	INIT. USED	TITLE/I.D. NO.	PERSONNEL	INIT. USED	TITLE/I.D. NO.

1. LICENSING
2. I.D. CARDS
3. RECORDS SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
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19. RX BLANKS
20. IMPROPER RX'S
21. OUTDATED DRUGS
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24. OTC/SYRINGES
25. GENERIC MFG.
26. RX FILES
27. RX COPIES
28. RX INT/DATE
29. DE INVENTORY
30. PHONEDSCHIIRx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

5) OK

6) OK

7) OK (UPDATED TO 2007)

8) OK (NEW PHARMACY)

11) PINK SHEET ISSUED FOR IMPROPER DISPENSING WRONG NAME/DATE/DRUG ON RX # 6161362/6118350

WHOLESALE - MCKESSON

APPROX. DAILY RX - 200

LOST RX # -

☐ PINK SHEET ISSUED FOR NUMBER(S):

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SIGNATURE OF PERSON IN CHARGE	2/15/07 DATE SIGNED	SIGNATURE OF INSPECTOR
-------------------------------	------------------------	------------------------

PHA-0610 (Rev. 02/02) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY GREEN - DISTRIBUTOR COPY PINK - INDIVIDUAL COPY

MA PINK SHEET BACK TO OBP

C/O ROBERT COLE

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

STATE BOARD OF PHARMACY, 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - PHONE 614/466-4143; FAX 614/752-4836

TYPE: 03-1214750
 DDD#: 010NT FABLE
 NAME: 1201 MENTOR AVE.
 R.P.: PAINEVILLE, OHIO
 ADDR: CLASS: OS
 CAT: LANE
 CNTY: LANE

PHONE (INCLUDE AREA CODE) 440-358-7769
 TIME IN 1:00 P.M. TIME OUT 5:00 P.M.

TYPE 05 (RETAIL) FED.# 366805482 EXP. DATE 3/30/08

HOURS (DAILY) 9:00-5:00 (SAT) 9:00-5:00 (SUN & HOLIDAYS) 9:00-5:00
 OPEN 9:00-5:00

RESPONSIBLE PERSON R.A. ROBERT TITLE/I.D. NO. HYDRE INIT. USED

PERSONNEL	INIT. USED	TITLE/I.D. NO.	PERSONNEL	INIT. USED	TITLE/I.D. NO.
R.A. ROBERT		HYDRE			
R.A. RUDY KORAN		03-1-10873			

FEB 20 2007

1. LICENSING
2. I.D. CARDS
3. RECORDS SYSTEM
4. BARRICADE
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32. REFILLS-INT/DATE
33. REFILLS-UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

1) OK RX WAS MIXED WITH PROPER MEDICATION IN BOTTLE BUT WRONG PATIENT NAME.

2) OK WE WILL STRIVE TO PREVENT THIS FROM OCCURRING AGAIN WITH DOUBLE + TRIPLE CHECKS. A NEW SCANNING SYSTEM TO BE INSTALLED WILL HELP ALSO.

3) IBM COMPUTER SYSTEM ON LINE TO ALL OTHER GIANT FABLE PHARMACIES. COMPUTER GENERATES A DAILY LOG WHICH IS SIGNED BY DISPENSING R.P.H.

4) OK

TO FB
COPY RLB
2.22.7

PINK SHEET ISSUED FOR NUMBER(S): #11

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PERSON IN CHARGE

DATE SIGNED

INSPECTOR

PHA-0610 (Rev. 06/01)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

1-2

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

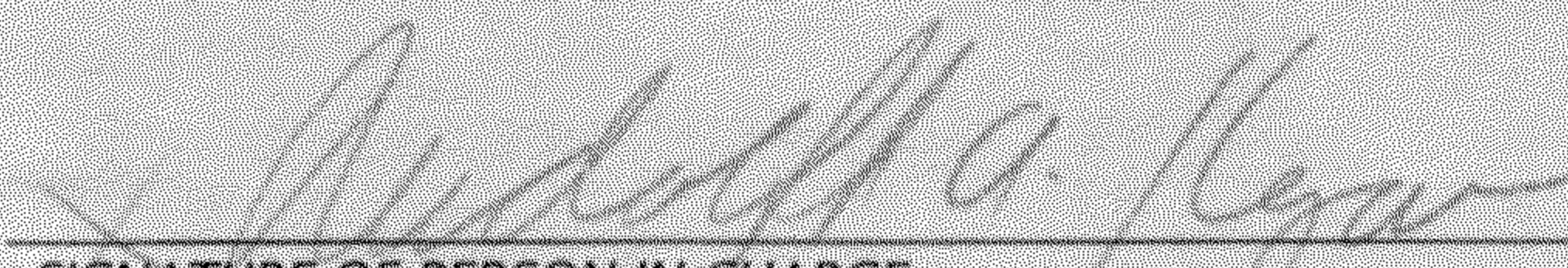

TYPE: DDD#: 02-1214750 NAME: GANT PAGE R.P.: ADDR: PAGE 2 OF 2 CAT: CNTY:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">AREA CODE / TELEPHONE NUMBER</td> <td style="width: 10%;">TIME IN</td> <td style="width: 10%;">A.M.</td> <td style="width: 10%;">TIME OUT</td> <td style="width: 10%;">A.M.</td> </tr> <tr> <td></td> <td></td> <td>P.M.</td> <td></td> <td>P.M.</td> </tr> <tr> <td colspan="2">TYPE</td> <td colspan="2">FED.#</td> <td>EXP. DATE</td> </tr> <tr> <td colspan="2">09/20/17</td> <td colspan="2"></td> <td></td> </tr> <tr> <td colspan="2">HOURS OPEN</td> <td>(DAILY)</td> <td>(SAT.)</td> <td>(SUN. & HOLIDAYS)</td> </tr> <tr> <td colspan="2"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">RESPONSIBLE PERSON</td> <td colspan="2">TITLE/I.D. NO.</td> <td>INIT. USED</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td></td> </tr> </table>	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.			P.M.		P.M.	TYPE		FED.#		EXP. DATE	09/20/17					HOURS OPEN		(DAILY)	(SAT.)	(SUN. & HOLIDAYS)						RESPONSIBLE PERSON		TITLE/I.D. NO.		INIT. USED					
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---	--

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF CORRECTIVE ACTION TAKEN NOTED ON THE REVERSE SIDE, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

 SIGNATURE OF PERSON IN CHARGE	8/15/17 DATE SIGNED	 SIGNATURE OF INSPECTOR
--	------------------------	---

PHA-0610 (Rev. 02/02) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY GREEN - DISTRIBUTOR COPY PINK - INDIVIDUAL COPY

04-18-05P01:06 RCVD

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: 02-1214750	AREA CODE / TELEPHONE NUMBER: 440-358769	TIME IN: 10:00 A.M.	TIME OUT: 11:15 P.M.
DDD#: 02-1214750	TYPE: 05 (RETAIL)	FED.#: B66005402	EXP. DATE: 1-3-05
NAME: GIANT EAGLE F	HOURS OPEN: 9:00-9:00 (DAILY)	(SAT.): 9:00-5:00	(SUN. & HOLIDAYS): 9:00-5:00
R.P.: 1201 MENTOR AVE.	RESPONSIBLE PERSON: R.A. BOB HAYES	TITLE/ I.D. NO.:	INIT. USED:
ADDR: PAINESVILLE TWP. OHIO			
CAT: LAKE	CLASS:		
CNTY:			

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
R.A. BOB HAYES		#03-1-1029			
R.A. SAELEY		#03-			

1. LICENSING
2. I.D. CARDS
3. RECORDS SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
18. NON-REG COMPOUNDING
19. RX BLANKS
20. IMPROPER RX'S
21. OUTDATED DRUGS
22. DRUG LABELS
23. RX INFORMATION
24. OTC/SYRINGES
25. GENERIC MFG.
26. RX FILES
27. RX COPIES
28. RX INT/DATE
29. DE INVENTORY
30. PHONED SCHIRX
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

1) OK (2005) PARTIAL INSPECTION

2) OK (2005)

GIANT EAGLE PHARMACY #6311
1201 MENTOR AVENUE
PAINESVILLE, OHIO 44077

3) IBM COMPUTER SYSTEM ON LINE TO ALL GIANT EAGLE PHARMACIES SOFTWARE COMPUTER GENERATES A DAILY LOG WHICH IS SIGNED BY

☐ PINK SHEET ISSUED FOR NUMBER(S):

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Signature of Person in Charge: Alan R. Follmer

DATE SIGNED: 4-12-05

Signature of Inspector: [Signature]

PHA-0610 (Rev. 02/02)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836



TYPE: DDD#: 02-1214750 NAME: R.P.: ADDR: PAGE 2 OF 2 CAT: CNTY:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">AREA CODE / TELEPHONE NUMBER</td> <td style="width: 10%;">TIME IN</td> <td style="width: 10%;">A.M.</td> <td style="width: 10%;">TIME OUT</td> <td style="width: 10%;">A.M.</td> </tr> <tr> <td></td> <td></td> <td>P.M.</td> <td></td> <td>P.M.</td> </tr> <tr> <td colspan="2">TYPE</td> <td colspan="2">FED.#</td> <td>EXP. DATE</td> </tr> <tr> <td colspan="2">05 (RETAIL)</td> <td colspan="2"></td> <td></td> </tr> <tr> <td colspan="2">HOURS OPEN</td> <td>(DAILY)</td> <td>(SAT.)</td> <td>(SUN. & HOLIDAYS)</td> </tr> <tr> <td colspan="2"></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">RESPONSIBLE PERSON</td> <td colspan="2">TITLE/I.D. NO.</td> <td>INIT. USED</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td></td> </tr> </table>	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.			P.M.		P.M.	TYPE		FED.#		EXP. DATE	05 (RETAIL)					HOURS OPEN		(DAILY)	(SAT.)	(SUN. & HOLIDAYS)						RESPONSIBLE PERSON		TITLE/I.D. NO.		INIT. USED					
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---	---

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF CORRECTIVE ACTION TAKEN NOTED ON THE REVERSE SIDE, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

 SIGNATURE OF PERSON IN CHARGE	4.12.05 DATE SIGNED	 SIGNATURE OF INSPECTOR
--	-------------------------------	---

PHA-0610 (Rev. 02/02) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY GREEN - DISTRIBUTOR COPY PINK - INDIVIDUAL COPY

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: <u>4-12-05</u>	T.D.D.D. #: <u>02-1214750</u>
BOARD AGENT: <u>FBOD</u>	D.E.A. #: <u>BGG805482</u>

YES NO (CHECK ONE)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- ☒ ☐ Key in sealed envelope in safe.
- ☒ ☐ All items requiring R.Ph. supervision are inside barricade.
- ☒ ☐ Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- ☒ ☐ Minimum of seven (7) feet in height.
- ☒ ☐ Fully enclosed.
- ☒ ☐ Suitable locks are provided.
- ☒ ☐ Prescription department cannot be entered when locked without obvious damage to barricade.
- ☒ ☐ No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

PHYSICAL
AND
ELECTRONIC
ALARMS
APPROVED

ELECTRONICS:

- ☐ ☒ This is a company-owned system.
If no, leased from who? STATE ALARMS
- ☒ ☐ This is a ☒ HARDWIRE / ☐ WIRELESS / ☐ BOTH system. (check one)
- ☐ ☒ There is a functional emergency "hold up" button.
- ☒ ☐ System is in operation at all times when R.Ph. is not present.
- ☐ ☐ Items in prescription room may not be removed when system is operating without activating the alarm.

If yes, where does alarm sound or who does it alert?

(1) STATE ALARMS (2) LCSO (3) R.P.H.

- ☒ ☐ Only pharmacists possess access code to prescription room.
- ☒ ☐ System was tested this date. Date system was last tested? _____
- ☐ ☒ Slot is provided for drop-in prescriptions.
- ☒ ☐ Suitable notice of operating hours to public is posted.
- ☒ ☐ Notice of emergency service is posted.

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:**I have been informed of and understand the following requirements:**

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.

Olav R. Fodlberg
 (Signature of R.Ph./Owner)

4-12-05
 (Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:

S. J. Bole
 (Signature of Board Agent)

AGENT
 (Title)

Comments:

STORE PHARMACY TO BE
 CLOSED ON 4-13-05. NEW
 LOCATION ON OPPOSITE WALL
 OF STORE WITH NEW DRIVE
 THRU WINDOW. ALARM AND
 PHYSICIAN BARRICADES APPROVED.

2

MAIL BACK TO ROBERT COE WITHIN 20 DAYS

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:

DDD#:

NAME:

R.P.:

ADDR:

CAT:

CNTY:

02-121450F

GIANT EAGLE #6377

1201 MENTOR AVE.
PAINESVILLE OHIO

CLASS:

LAKE

AREA CODE / TELEPHONE NUMBER

440-358-789

TIME IN

A.M.

P.M.

TIME OUT

A.M.

P.M.

TYPE

FED.#

EXP. DATE

HOURS

(DAILY)

(SAT.)

(SUN. & HOLIDAYS)

OPEN

9:00A-9:00

9:00

2:00P 5:00P

RESPONSIBLE PERSON

TITLE/I.D. NO.

INIT. USED

R.H. BOB

HYREE

PERSONNEL

INIT.
USED

TITLE/
I.D. NO.

PERSONNEL

INIT.
USED

TITLE/
I.D. NO.

R.H. SCOTT

NUT

#03-1-12420

R.H. BOB

HYREE

OHIO PHARMACY BOARD

1. LICENSING
2. I.D.CARDS
3. RECORDSYSTEM
4. BARRICADE
5. MIN.STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
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37. COUNSELING

GIANT EAGLE PHARMACY #6377

MAY 24 2007

1201 MENTOR AVENUE

PAINESVILLE, OHIO 44077

PARTR

INSPECTION

1) OK (CURRENT LICENSE NEEDS TO BE POSTED)

2) OK (UPDATED TO 2007)

3) OK (IBM COMPUTER SYSTEM ON LINE TO ALL OTHER GIANT EAGLE PHARMACIES)

4) OK

5) OK

6) OK

☒ PINK SHEET ISSUED FOR NUMBER(S):

FAILURE TO NOTIFY OBP ON

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SIGNATURE OF PERSON IN CHARGE

DATE SIGNED

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PHA-0610 (Rev. 02/02)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

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DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

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AREA CODE / TELEPHONE NUMBER

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TIME OUT

A.M.

P.M.

TYPE

FED.#

EXP. DATE

HOURS
OPEN

(DAILY)

(SAT.)

(SUN. & HOLIDAYS)

RESPONSIBLE PERSON

TITLE/I.D. NO.

INIT. USED

PERSONNEL

INIT.
USED

TITLE/
I.D. NO.

PERSONNEL

INIT.
USED

TITLE/
I.D. NO.

1. LICENSING

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32. REFILLS-INT/DATE

33. REFILLS-UA

34. EMERGENCYKIT

35. CONTINGENCYKIT

36. NON-REGDISPENSING

37. COUNSELING

7) OK
8) OK
9) OK
PINK SHEET ISSUED TO
GANT BACKE LOSS PREVENTION
FOR FAILURE TO CONTACT
ORP FOR THEFT OF DRUGS
ON 4-11-07 INCLUDING
A PHARMACY TECH STEALING
HYDROCODONE TABLETS.
IN FUTURE GANT BACKE
PHARMACY #6377 AND RDE

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INIT.
USED

TITLE/
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PERSONNEL

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PREVENTION DEPT. ARE
TO CONTACT SRP ADVANCE
FRANK BOO (614-466-4143) COLUMBUS #
(440-286-3317) LOCAL #
REGARDING ANY THEFT OF
DRUGS OR THE ~~THEFT~~
INVESTIGATION OF ANY
PHARMACY EMPLOYEE (PHARMACIST
OR TECH.) GRANT PAGE CORP
HAS NO AUTHORITY TO
CONDUCT A CRIMINAL INVESTIGATION
INVOLVING THEFT OF DRUGS (FRANK)
PER ORC SECTION #4729.15

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PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.OHIO PHARMACY BOARD
MAY 24 2007

1. LICENSING
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8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
18. NON-REG COMPOUNDING
19. Rx BLANKS
20. IMPROPER Rx'S
21. OUTDATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGES
25. GENERIC MFG.
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DE INVENTORY
30. PHONESCHIRX
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
34. EMERGENCY KIT
35. CONTINGENCY KIT
36. NON-REG DISPENSING
37. COUNSELING

PREVENTION DEPT ARE
TO CONTACT ORP ASSESSANCE
FRANK BODI (614-466-4143) COLUMBUS
(414-286-3317) CINCINNATI
REGARDING ANY THEFT OF
DRUGS OR THE ~~THEFT~~
INVESTIGATION OF ANY
PHARMACY EMPLOYEE (PHARMACIST
OR TECH.) OR THE ORP
HAS NO AUTHORITY TO
CONDUCT A CRIMINAL INVESTIGATION
INVESTIGATION OF THEFT OF DRUGS (P.R.)
P.R. ORC SECTION 4729.15

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF CORRECTIVE ACTION TAKEN NOTED ON THE REVERSE SIDE, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE

DATE SIGNED

SIGNATURE OF INSPECTOR

PHA-0610 (Rev. 02/02)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

COPY FB
Ruled 5-30-7

From this point forward,
Giant Eagle loss prevention
will contact the OBP in
all matters of drug theft.
or the investigation of
any pharmacy employee

Sincerely,
Barb Carlson



Barb S. Carlson, RPh
Regional Pharmacy Specialist

Giant Eagle, Inc. 101 Kappa Drive Pittsburgh, PA 15238
412.963.6200 • Fax 412.968.1561 • Cell 216-905-0614
e-mail barbara.carlson@giant eagle.com

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:
DDD#:
NAME:
R.P.:
ADDR:

02-1214700

Boe 2 OF 2
CLASS: 2

CAT:
CNTY:

AREA CODE / TELEPHONE NUMBER

TIME IN

A.M.

P.M.

TIME OUT

A.M.

P.M.

TYPE

FED.#

EXP. DATE

HOURS
OPEN

(DAILY)

(SAT.)

(SUN. & HOLIDAYS)

RESPONSIBLE PERSON

TITLE/I.D. NO.

INIT. USED

PERSONNEL

INIT.
USED

TITLE/
I.D. NO.

PERSONNEL

INIT.
USED

TITLE/
I.D. NO.

OHIO PHARMACY BOARD

MAY 24 2007

1. LICENSING
2. I.D.CARDS
3. RECORDSYSTEM
4. BARRICADE
5. MIN.STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPERDISPENSING
12. INSUFFICIENTSUPERVISION
13. INVENTORYRECORDS
14. DRUGDESTRUCTION
15. ILLEGALSALES
16. ILLEGALPURCHASES
17. SAMPLES
18. NON-REGCOMPOUNDING
19. RxBLANKS
20. IMPROPERRx'S
21. OUTDATEDDRUGS
22. DRUGLABELS
23. RxINFORMATION
24. OTC/SYRINGES
25. GENERICMFG.
26. RxFILES
27. RxCOPIES
28. RxINT/DATE
29. DEAINVENTORY
30. PHONEDSCHIIRx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
34. EMERGENCYKIT
35. CONTINGENCYKIT
36. NON-REGDISPENSING
37. COUNSELING

7) OK
8) OK
9) OK
PINK SHEET ISSUED TO
GAST FAYCE LOSS PREVENTION
FOR FAILURE TO COMPLY
ORP FOR TRFET OF
ON 4/11/07
A PHARMACY TO
HYDROCODE
TO FURTHER COMPLY
PHARMACY #6277

☒ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF CORRECTIVE ACTION TAKEN NOTED ON THE REVERSE SIDE, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE

DATE SIGNED

SIGNATURE OF INSPECTOR

PHA-0610 (Rev. 02/02)

WHITE - OFFICE COPY

YELLOW - INSPECTOR COPY

GREEN - DISTRIBUTOR COPY

PINK - INDIVIDUAL COPY

DEC 24 2013

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, RM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: TDDD

DDD# 02-1214750

NAME: GIANT EAGLE Pharmacy

R.P.: Emily Kay Mooney

ADDR:

1201 Mentor Av.

Painesville, Ohio 44077

CAT: 3

CLASS: 5

CNTY: Lake

AREA CODE / TELEPHONE NUMBER

(440) 358-7769

TIME IN

1330

TIME OUT

1530

TYPE

HTPC

FED. #

BG6805482

EXP. DATE

9-30-2014

HOURS

OPEN

M-F 9a-9p S 9-7p Su 9-5p

FAX NUMBER

(440) 358 7772

EMAIL

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

PERSONNEL

INIT.
USEDTITLE/
I.D. NO.

GIANT EAGLE PHARMACY #6377

1201 MENTOR AVE.

PAINESVILLE, OHIO 44077

DAVID J. TOMA, RPH
Denise GARDNER

0312934

03321898

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
20. IMPROPER Rx's
21. OUTDATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGES
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED C-II Rx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☒ Partial ☐

1) State license current & posted. Fed. license ✓ ok.

2) Both RPH Toma and Gardner have current and signed wallet ID cards on them.

3) The current software system is Enterprise Pharmacy System and the version is 2.5.06.010. There are twelve (12) patient specific terminals all inside the barricade. Recall is @ least two years for patient profiles. Positive ID is currently wet ink signature. However, Giant Eagle is working toward a fully electronic/paperless system.

4) This location is a fully enclosed barricade with two (2) steel doors; one is a 1/2 door leading to the patient counseling area w/ suitable lock on door. The other

PINK SHEET ISSUED FOR NUMBER(S): 27, 28, 11

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE

DATE

SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, RM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:

DDD# *02-1214750*

NAME *Grant Eagle*

R.P.:

ADDR:

2084

AREA CODE / TELEPHONE NUMBER

TIME IN

A.M.

TIME OUT

A.M.

P.M.

P.M.

TYPE

FED. #

EXP. DATE

HOURS
OPEN

FAX NUMBER

EMAIL

CAT:

CLASS:

CNTY:

PERSONNEL

INIT.
USED

TITLE/
I.D. NO.

PERSONNEL

INIT.
USED

TITLE/
I.D. NO.

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
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32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☐ Partial ☐

*4) (Cont) is glass leading to the exterior of the store front area. One steel drop curtain @ drop off area; a full curtain securing the front of pharmacy.
5) check ok 6) No recent reports of theft and/or significant loss of drugs @ this location. Any substantial loss and/or theft should be immediately reported by phone to OSBP and local law enforcement. If controlled substance is involved report (also) to DEA.
7) This location uses the internet as a reference and for access to OAC, ORE, etc. 8) check ok 9) check ok
10) DEA 222 forms are in order by form number, neatly filed. No pre signed forms located. 29) last DEA biennial on May 1, 2013 @ open of business by RPHM Boneig.*

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

Denise Reich
SIGNATURE OF PERSON IN CHARGE

12-19-13
DATE

WHL
SIGNATURE OF INSPECTOR

12-19-13
DATE

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, RM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: <u>DD</u> DDD#: <u>02-124752</u> NAME: <u>Giant Eagle</u> R.P.: ADDR: CAT: CNTY:	<div style="text-align: right; font-size: 1.5em; margin-bottom: 10px;">3 of 4</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">AREA CODE / TELEPHONE NUMBER</td> <td style="width: 10%;">TIME IN</td> <td style="width: 10%;">A.M.</td> <td style="width: 10%;">TIME OUT</td> <td style="width: 10%;">A.M.</td> </tr> <tr> <td></td> <td></td> <td>P.M.</td> <td></td> <td>P.M.</td> </tr> <tr> <td colspan="2">TYPE</td> <td colspan="2">FED. #</td> <td>EXP. DATE</td> </tr> <tr> <td colspan="5">HOURS OPEN</td> </tr> <tr> <td colspan="2">FAX NUMBER</td> <td colspan="3">EMAIL</td> </tr> </table>	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.			P.M.		P.M.	TYPE		FED. #		EXP. DATE	HOURS OPEN					FAX NUMBER		EMAIL		
AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.																						
		P.M.		P.M.																						
TYPE		FED. #		EXP. DATE																						
HOURS OPEN																										
FAX NUMBER		EMAIL																								

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
20. IMPROPER Rx's
21. OUTDATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGES
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED C-II Rx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☐ Partial ☐

*27) One 4729-5-24(A)(2)(h) A transfer copy of Rx must include the full name of pharmacist. As noted on random sample Rx #4054104 auto transfer from Giant Eagle #4098, APH is listed as "Background Worker" - no name of APH located on Rx. Current dispensing software defaults to "background worker" and should list APH by name.

*28) Until Giant Eagle software is approved for electronic signature, APH must sign and date (initials/date) all Rx. Random samples of CII do not have int/date on hard copy originals.

impression: Only are two wholesalers used. Average daily Rx is 385 w/ 43 of them refill. (Rx 6518/47 - last file)

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

<u>Dense Reis - JR</u> SIGNATURE OF PERSON IN CHARGE	<u>12-19-13</u> DATE	<u>Paul Decker</u> SIGNATURE OF INSPECTOR	<u>12-19-13</u> DATE
---	-------------------------	--	-------------------------

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, RM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 02 124750 NAME: R.P.: ADDR: CAT: CNTY:	AREA CODE / TELEPHONE NUMBER TIME IN A.M. P.M. TIME OUT A.M. P.M. TYPE FED. # EXP. DATE HOURS OPEN FAX NUMBER EMAIL
---	--

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
20. IMPROPER Rx's
21. OUTDATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGES
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED C-II Rx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☐ Partial ☐

* 11.) Rx# 6497496 was filled on 11/26/2013. The prescription was written for ninety (90) capsules however complainant states Rx was dispensed for one hundred thirty (130). RPh. believes the quantity may have been back counted from a one hundred fifty (150) count bottle. Pharmacists must make sure that technicians are properly counting medications and must ensure accuracy of the quantity of the dispensed prescription.

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE **WITHIN 20 DAYS** FROM DATE ISSUED.

Denise Perry - *[Signature]* 12-19-13 Will J. [Signature] 12-19-13
 SIGNATURE OF PERSON IN CHARGE DATE SIGNATURE OF INSPECTOR DATE

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: <u>12-19-2013</u>	T.D.D.D. #: <u>02-12147500</u>
BOARD AGENT: <u>Dietsche</u>	D.E.A. #: <u>BG6805482</u>

YES NO (Place an X on the appropriate line for each statement below)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- X — Key in sealed envelope in safe. → in lock box in ~~main~~ cash office.
- X — All items requiring R.Ph. supervision are inside barricade.
- X — Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- X — Minimum of seven (7) feet in height.
- X — Fully enclosed.
- X — Suitable locks are provided.
- X — Prescription department cannot be entered when locked without obvious damage to barricade.
- X — No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

ELECTRONICS:

- X — This is a company-owned system.
If no, leased from who? STATE ALARM
- X — This is a X HARDWIRE / WIRELESS / BOTH system. (check one)
- X — There is a functional emergency "hold up" button.
- X — System is in operation at all times when R.Ph. is not present.
- X — Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?

- X — Only pharmacists possess access code to prescription room.
- X — System was tested this date. Date system was last tested? _____
- X — Slot is provided for drop-in prescriptions.
- X — Suitable notice of operating hours to public is posted.
- X — Notice of emergency service is posted.

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:**I have been informed of and understand the following requirements:**

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.

Denise Reed-Sm
(Signature of R.Ph./Owner)

12-19-13 327pm
(Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:

Amel Dutsch
(Signature of Board Agent)

12-19-2013

Agent
(Title)

Comments:

GIANT EAGLE PHARMACY #6377
1201 MENTOR AVE.
PAINESVILLE, OHIO 44077



Giant Eagle Inc. • 701 Alpha Drive • Pittsburgh, PA 15238 • GiantEagle.com

January 6, 2014

Ohio Board of Pharmacy
77 South High Street
Room 1702
Columbus, OH 43215-6126

Re: Ohio Board of Pharmacy Audit 12-19-2013
Pink Sheet Citation issued for numbers: 27, 28, and 11

To Whom It May Concern:

The following is Giant Eagle's response to the citation issued following the Board of Pharmacy audit on 12/19/2013 at Giant Eagle Pharmacy #6377, TDDD # RTPC.021214750-03.

Item 11 - Rx # 6497496 was filled on 11-26-2013. It was a refill prescription that was written for 90 capsules but complaint states that the dispensed quantity was 130 capsules.

11) Pharmacy leadership at the corporate, district, and store levels has reemphasized to all pharmacy personnel Giant Eagle policy with respect to the counting of medication and will continue to emphasize the policy at store Continuous Quality Improvement (CQI) team meetings.

Item 27 - Ohio Revised Code 4729-5-24(A)(2)(h): An auto-transfer copy of prescription must indicate the full name of the transferring pharmacist. On a random sample (rx # 4056104) the transferring pharmacist was indicated as "Background Worker". Current dispensing software defaults to "background worker".

27) The transfer of prescriptions between Giant Eagle pharmacies is an electronic transfer between two linked pharmacy systems and while it does not require a "transferring pharmacist," all of the elements of the prescription are captured as follows. Electronic transfer of the prescription ensures that all information regarding the subject prescription is accurately communicated to the receiving pharmacy. This includes transfer of the original prescription hardcopy image which is an enhancement of patient safety. Although a "transferring pharmacist" is not identified, the Board can be assured that all pharmacy team members involved in the original data entry of the prescription as well as those involved in filling the prescription at the receiving store can be positively identified through the dispensing system's task tracking function.

Giant Eagle welcomes the opportunity to meet with the Board and demonstrate the transfer process.

Item 28 - Until Giant Eagle software system (EPS) is approved for electronic software, the pharmacist must sign and date (or initial and date) all prescription hardcopies.

28) Pharmacy leadership at the corporate, district, and store levels has communicated with all pharmacy team members that it is Giant Eagle policy for pharmacists to continue initialing all prescription hardcopy back tags in the state of Ohio.

Sincerely,

A handwritten signature in black ink, appearing to read "Joe Millward".

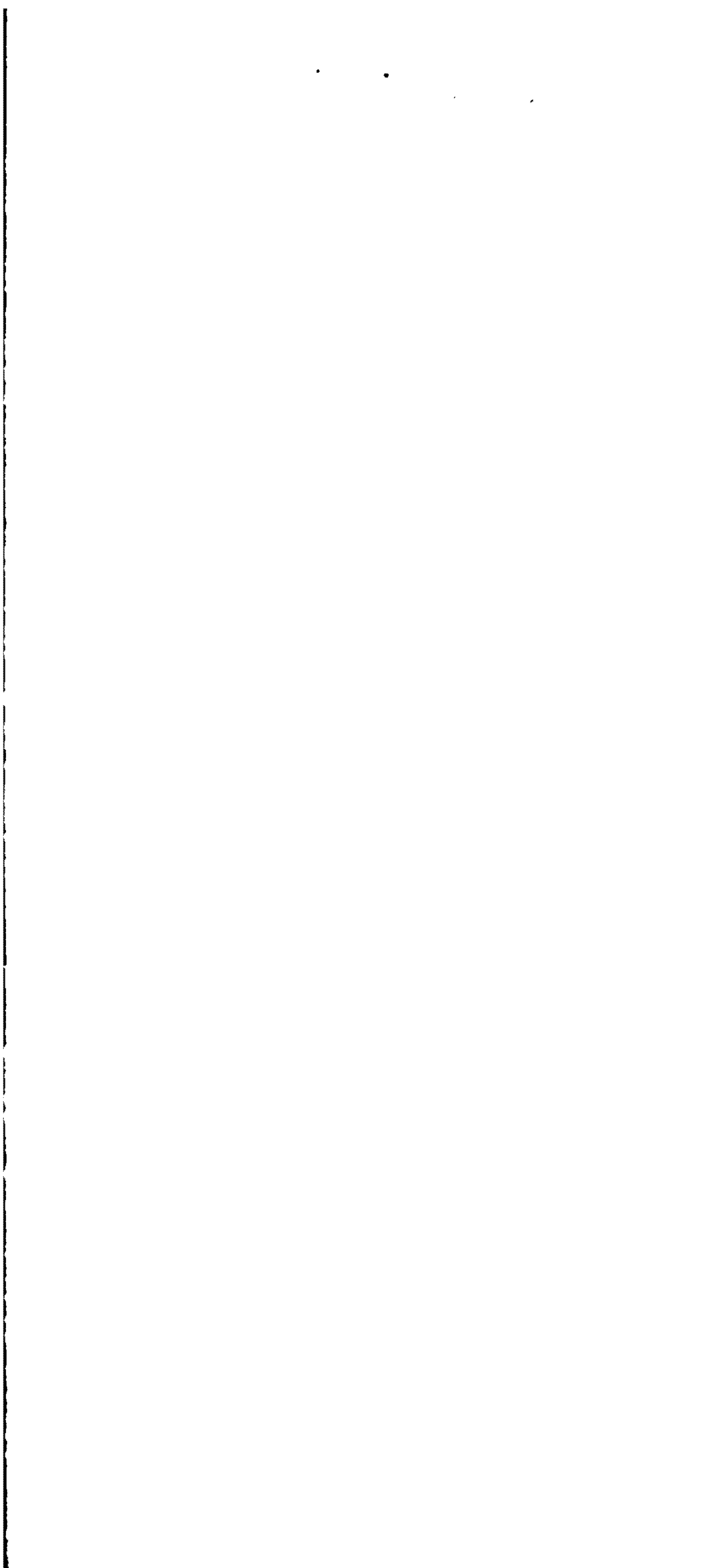
Joseph E. Millward, RPh.
Sr. Manager, Pharmacy Quality and Compliance
Giant Eagle, Inc.

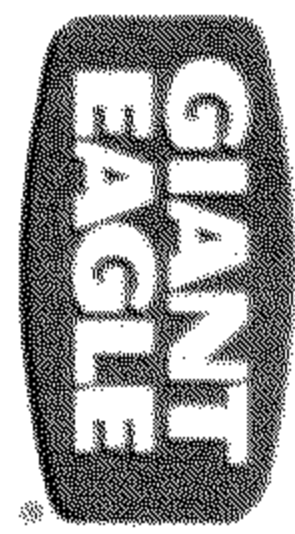
A handwritten signature in black ink, appearing to read "Dietrich".

OHIO PHARMACY BOARD
JAN 13 2014
E. A. GRIFFIN
Copy To: LD

2014 JAN -9 PM 12:09
RECEIVED
OHIO BOARD OF PHARMACY

204782





Giant Eagle, Inc.
101 Kappa Drive
Pittsburgh, PA 15238

204740

2014 JAN -9 AM 11:59

RECEIVED
OHIO BOARD OF PHARMACY

FEB 12 2009


DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: **TDDD**
 DDD#: **RTPC-021214750**
 NAME: **Grant Eagle Pharmacy**
 R.P.: **Robert T. Hytree, RPh.** 1 of 6
 ADDR: **1201 Mentor Ave.**
Painesville Twp., OH 44077

AREA CODE / TELEPHONE NUMBER **440-358-7768** TIME IN **12:00** A.M. TIME OUT **4:15** A.M.
 TYPE **Retail Chain** FED. # **BG-6805482** EXP. DATE **9/30/11**
 HOURS OPEN **9-9 M-F, 9-7 Sat, 9-5 Sun**
 FAX NUMBER **440-358-7772** EMAIL

CAT: **III** CLASS: **05**
 CNTY: **Lake 43**

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
Rudolph A. Kozan, RPh.	AKK	03110873	Robert T. Hytree	RTH	03210154
Shelley D. Kayle, RPh.	SHE	03317073	 Store #6377 1201 MENTOR AVENUE PAINESVILLE, OH 44077 (440)358-7769		
Scott Kordella, RPh.	SKK	03312878			

1. LICENSING *2/12/09 yaf*
 2. I.D. CARDS
 3. RECORD SYSTEM
 4. BARRICADE
 5. MIN. STANDARDS
 6. SECURITY
 7. LIBRARY *OK*
 8. CLEANLINESS *2/15/09 **
 9. REFRIGERATION
 10. ACCOUNTABILITY *ff*
 11. IMPROPER DISPENSING
 12. INSUFFICIENT SUPERVISION
 13. INVENTORY RECORDS
 14. DRUG DESTRUCTION
 15. ILLEGAL SALES
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 27. Rx COPIES
 28. Rx INT/DATE
 29. DEA INVENTORY
 30. PHONED C-II Rx
 31. REFILLS-6MO/5X
 32. REFILLS-INT/DATE
 33. REFILLS-UA
 37. COUNSELING
 38. PSE SALES
 39. OARRS
 40. CONFIDENTIALITY
- F ☒ *Comp* P ☐ *ff*

1.) OSBP and DEA licenses are current and posted. TDDD license is posted, however RPh. licenses (wall certificates) are not posted. Per D.R.C. 4729.12 the license shall be conspicuously exposed at the principal place where the pharmacist or pharmacy intern practices pharmacy. 2.) OK 3.) PDX software version 4.6.07 Pharmacy uses a real time dispensing system which is connected to all Grant Eagle stores. There are 5 computer workstations for data entry, Rx processing, DUR verification. Pharmacy has a 7-point check verification system RPhs use and techs use to prevent errors. Patient profile recall available for at least 2 years at store - corporate can recall data

☒ PINK SHEET ISSUED FOR NUMBER(S): **1, 21, 23, 32**

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

[Signature]
 SIGNATURE OF PERSON IN CHARGE

4/4/09
 DATE

William J. [Signature]
 SIGNATURE OF INSPECTOR

2/4/09
 DATE

PHA-0610 (Rev. 03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: 02-1214750 DDD#: 2 of 6 NAME: R.P.: ADDR: CAT: _____ CLASS: _____ CNTY: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">AREA CODE / TELEPHONE NUMBER</td> <td style="width: 10%;">TIME IN</td> <td style="width: 10%;">A.M.</td> <td style="width: 10%;">TIME OUT</td> <td style="width: 10%;">A.M.</td> </tr> <tr> <td></td> <td></td> <td>P.M.</td> <td></td> <td>P.M.</td> </tr> <tr> <td colspan="2">TYPE</td> <td colspan="2">FED. #</td> <td>EXP. DATE</td> </tr> <tr> <td colspan="5">HOURS OPEN</td> </tr> <tr> <td colspan="2">FAX NUMBER</td> <td colspan="3">EMAIL</td> </tr> </table>	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.			P.M.		P.M.	TYPE		FED. #		EXP. DATE	HOURS OPEN					FAX NUMBER		EMAIL		
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further back. RPh's use a barcode verification system followed by a password for final verification. 2 of the 5 workstations have barcode scanners that are only used by RPh. When verifying an Rx RPh. scans barcode on stock bottle, Rx being dispensed and their individual NPC barcode card. Each RPh. has their own card. 4.) Fully enclosed barricade - see completed barricade inspection report. 5.) OK 6.) Electronic alarm system with motion sensors. No thefts or significant losses in at least the past year. Any theft or significant loss of dangerous drugs must be reported to OSBP and local law enforcement. If drug involved is a controlled substance you must

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SIGNATURE OF PERSON IN CHARGE

4/4/09
DATE

 2/4/09
SIGNATURE OF INSPECTOR DATE

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DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: 02-1214750 DDD#: NAME: R.P.: ADDR: 3 of 6 CAT: CNTY: CLASS:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">AREA CODE / TELEPHONE NUMBER</td> <td style="width: 15%;">TIME IN</td> <td style="width: 10%;">A.M.</td> <td style="width: 10%;">TIME OUT</td> <td style="width: 10%;">A.M.</td> </tr> <tr> <td></td> <td></td> <td>P.M.</td> <td></td> <td>P.M.</td> </tr> <tr> <td colspan="2">TYPE</td> <td colspan="2">FED. #</td> <td>EXP. DATE</td> </tr> <tr> <td colspan="5">HOURS OPEN</td> </tr> <tr> <td colspan="2">FAX NUMBER</td> <td colspan="3">EMAIL</td> </tr> </table>	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.			P.M.		P.M.	TYPE		FED. #		EXP. DATE	HOURS OPEN					FAX NUMBER		EMAIL		
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F ☐ P ☐

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The following RX's only contain an agent first name - RX# 4023953, 4023971, 4023985.



One packet of CII-II files checked. 26.) 3 part filing system in place 28.) RPh. are properly initialing and dating new RX's. Grant Eagle sticker has marked boxes where RPh's place initials.

29.) Last DEA biennial inventory completed 4/30/07 at close of business.

* 32.) The pharmacy generates an end of day report that lists all RX's dispensed that day by RPh. initials. Each dispensing RPh who worked that day must take accountability for the RX's they dispensed by signing a daily log that

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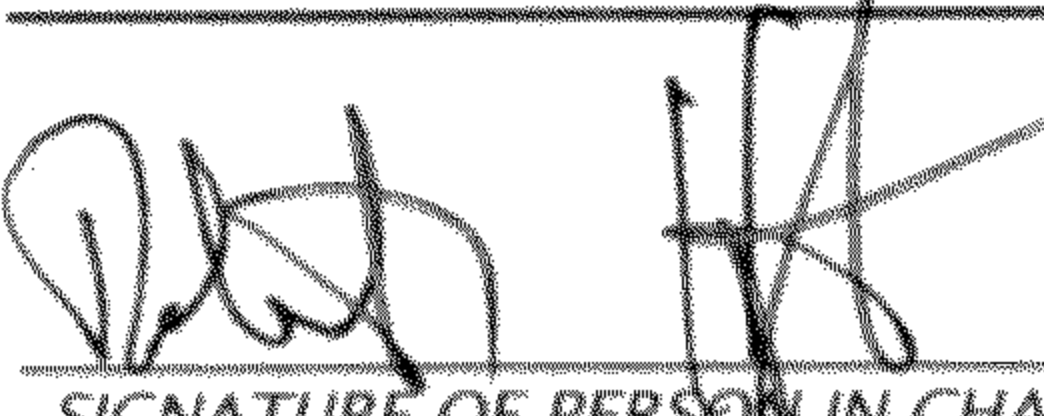
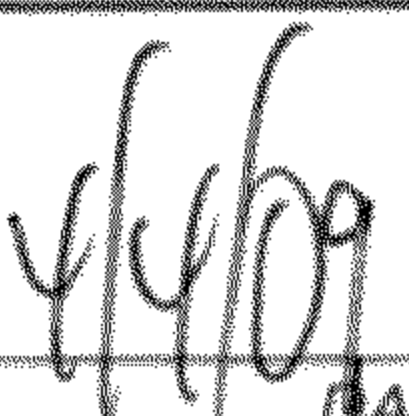
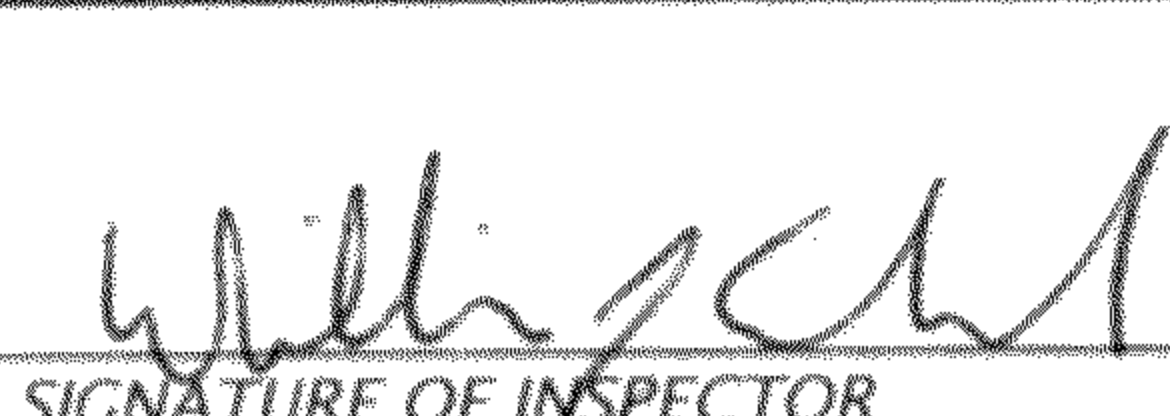
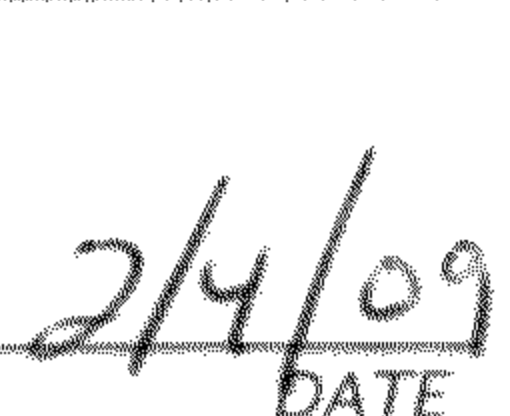
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OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: <u>2/4/09</u>	T.D.D.D. #: <u>02-1214750</u>
BOARD AGENT: <u>Edwards</u>	D.E.A. #: <u>BG 6805482</u>

YES NO (Place an X on the appropriate line for each statement below)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- X Key in sealed envelope in safe. lock box in cash office
- X All items requiring R.Ph. supervision are inside barricade.
- X Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- X Minimum of seven (7) feet in height.
- X Fully enclosed.
- X Suitable locks are provided.
- 0 Prescription department cannot be entered when locked without obvious damage to barricade.
- 0 No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

ELECTRONICS:

- X This is a company-owned system.
If no, leased from who? State Alarm System
- X This is a HARDWIRE / X WIRELESS / BOTH system. (check one)
- 0 There is a functional emergency "hold up" button.
- X System is in operation at all times when R.Ph. is not present.
- X Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?
State Alarm
- X Only pharmacists possess access code to prescription room.
- X System was tested this date. Date system was last tested? 1/31/09
- X Slot is provided for drop-in prescriptions. RPh called at home
- X Suitable notice of operating hours to public is posted.
- Notice of emergency service is posted.

OHIO STATE BOARD OF PHARMACY

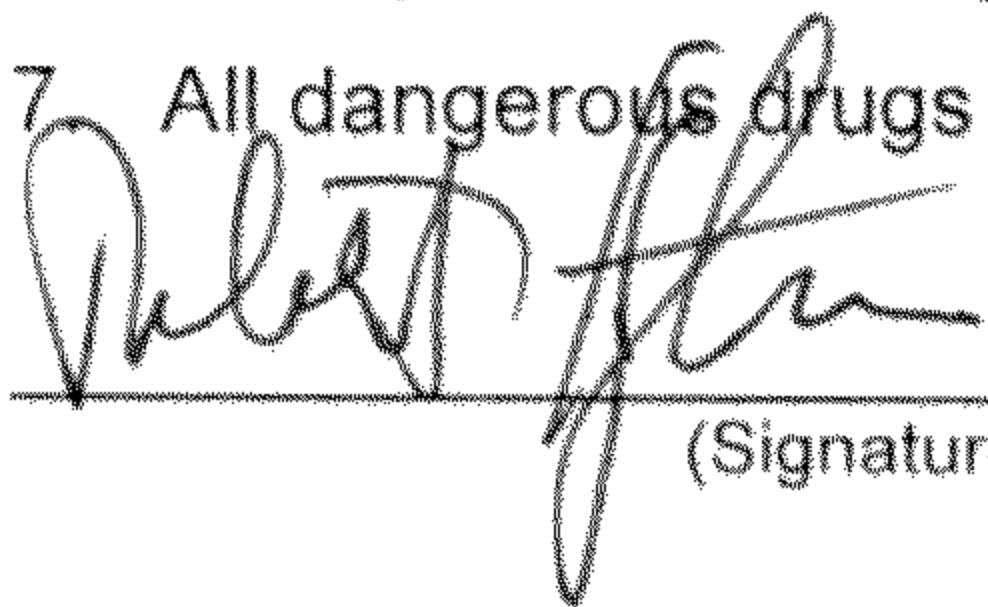
PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

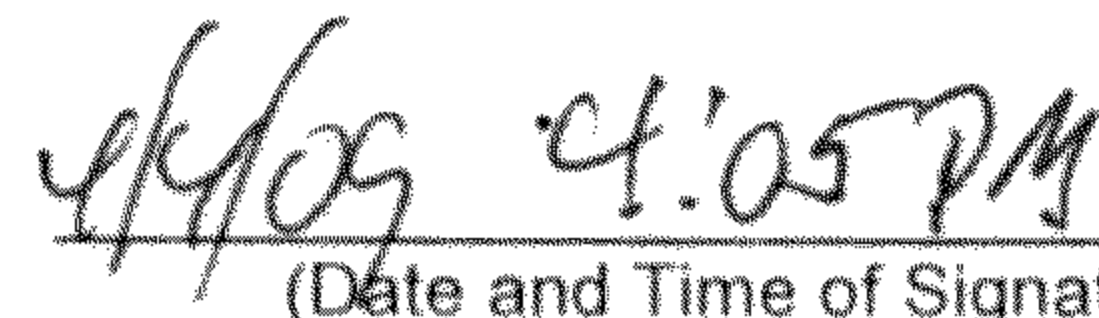
R.Ph./OWNER STATEMENT OF UNDERSTANDING:

I have been informed of and understand the following requirements:

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.



(Signature of R.Ph./Owner)



(Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:



(Signature of Board Agent)



(Title)

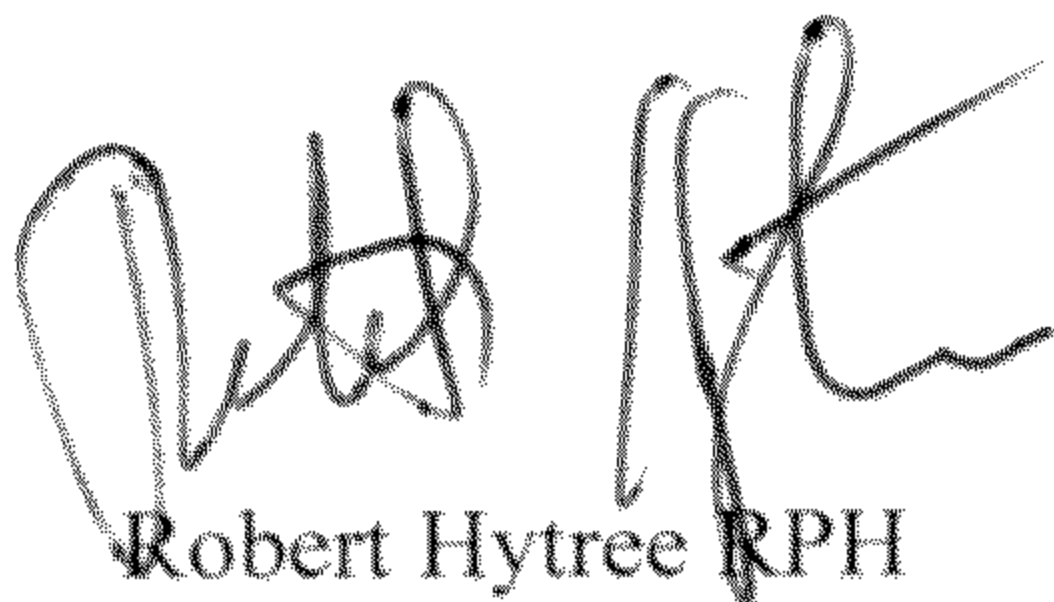
Comments:

Fully enclosed barricade with one flexible steel gate and one locked sliding glass window in pt. consultation/waiting area. Electronic alarm system has six motion sensors.

Two sets of RPh keys plus floater key kept in lock box in cash office along with alarm code. 2 full time RPh have code to alarm.

Response to Dangerous Drug Inspection Report dated 2/04/09

1. All pharmacist have been informed to bring in their Pharmacy license to have posted as soon as possible
- 21 This item was missed when we just finished the outdates in the pharmacy. To ensure all outdates or off the shelve we will recheck our inventory
- 23 We will call back to the physician's office when the nurse or agent only leaves their fist name. We do get that information when we talk to the physician's office.
32. According to cooperate Office we are in compliance with our NDC checker.



Robert Hytree RPH
03-210154

Giant Eagle Pharmacy 6377
1201 Mentor Ave.
Painesville, Ohio 44077

RECEIVED
OHIO BOARD OF PHARMACY

2007 FEB 13 AM 11:00

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COPY TO WE +
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DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: <u>TDDD</u> DDD#: <u>RTPC 031214750</u> NAME: <u>Grant Eagle Pharmacy</u> R.P.: <u>Robert T. Hytree, RPh</u> ADDR: <u>1201 North Ave.</u> <u>Pineville Twp. OH 44077</u> CAT: <u>III</u> CLASS: <u>OS</u> CNTY: <u>Coke 43</u>	AREA CODE / TELEPHONE NUMBER <u>440-358-7768</u> TYPE: <u>Retail Chain</u> FED. # <u>866805482</u> EXP. DATE <u>9/30/11</u> HOURS OPEN: <u>9-9 M-F, 9-7 Sat, 9-5 Sun</u> FAX NUMBER: <u>440-358-7772</u> EMAIL:
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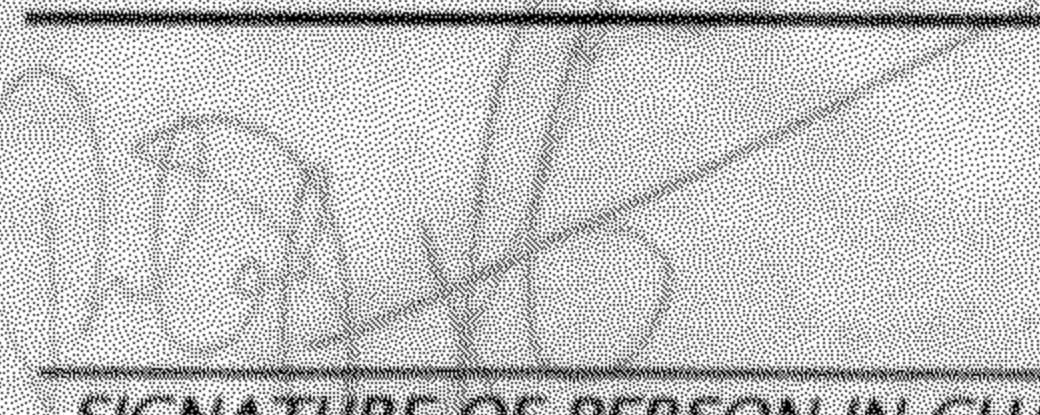
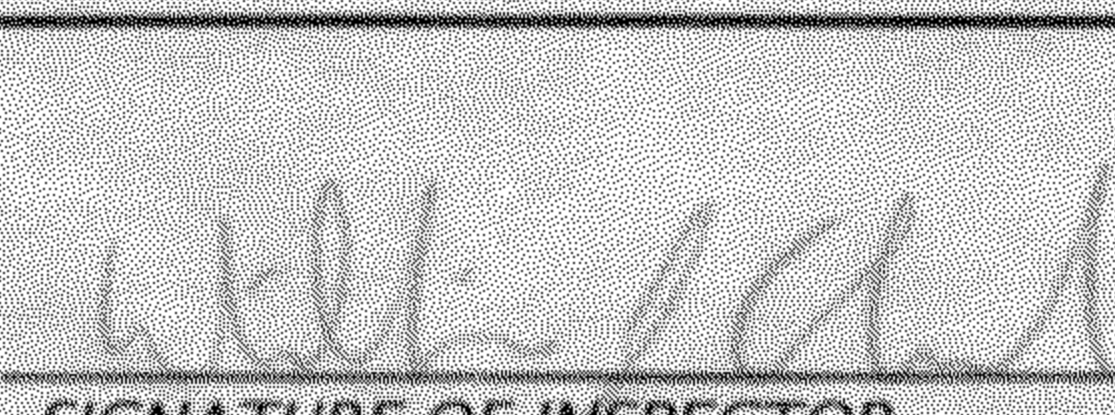
PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
<u>Eudolph A. Kozan RPh</u>	<u>AKK</u>	<u>03110873</u>	<u>Robert T. Hytree</u>	<u>RTH</u>	<u>03210154</u>
<u>Shelley D. Kryle, RPh</u>	<u>SHK</u>	<u>03317073</u>			
<u>Scott Kordella, RPh</u>	<u>SKK</u>	<u>03312878</u>			

<ol style="list-style-type: none"> 1. LICENSING 2. I.D. CARDS 3. RECORD SYSTEM 4. BARRICADE 5. MIN. STANDARDS 6. SECURITY 7. LIBRARY 8. CLEANLINESS 9. REFRIGERATION 10. ACCOUNTABILITY 11. IMPROPER DISPENSING 12. INSUFFICIENT SUPERVISION 13. INVENTORY RECORDS 14. DRUG DESTRUCTION 15. ILLEGAL SALES 16. ILLEGAL PURCHASES 17. SAMPLES 20. IMPROPER Rx's 21. OUTDATED DRUGS 22. DRUG LABELS 23. Rx INFORMATION 24. OTC/SYRINGES 26. Rx FILES 27. Rx COPIES 28. Rx INT/DATE 29. DEA INVENTORY 30. PHONED C-II Rx 31. REFILLS-6MO/5X 32. REFILLS-INT/DATE 33. REFILLS-UA 37. COUNSELING 38. PSE SALES 39. OARRS 40. CONFIDENTIALITY 	<p>1) OSBP and DEA licenses are current and posted. TDDD license is posted, however RPh. licenses (wall certificates) are not posted. Per O.R.C. 4729.12 the license shall be conspicuously exposed at the principal place where the pharmacist or pharmacy intern practices pharmacy. 2) OK 3) PDX software version 4.6.07 Pharmacy uses a real time dispensing system which is connected to all Grant Eagle stores. There are 5 computer workstations for data entry, Rx processing, DUR verification. Pharmacy has a 7 point check verification system. RPhs use and techs use to prevent errors. Patient profile recall available for at least 2 years at store - corporate can recall data.</p>
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F ☒ P ☐

☒ PINK SHEET ISSUED FOR NUMBER(S): 1, 21, 23, 32

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE **WITHIN 20 DAYS** FROM DATE ISSUED.

 SIGNATURE OF PERSON IN CHARGE	<u>4/4/09</u> DATE	 SIGNATURE OF INSPECTOR	<u>2/4/09</u> DATE
---	-----------------------	---	-----------------------

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 021214750 NAME: Giant Eagle #6377 R.P.: ADDR: Rudy Kozan 1201 Mentor Ave Painesville, OH 44077 CAT: III CLASS: CNTY: Lake			AREA CODE / TELEPHONE NUMBER 440-358-7769		TIME IN 10:00 A.M. P.M.		TIME OUT 10:45 A.M. P.M.	
TYPE FED. # BB6805482 9/30/2011			HOURS OPEN M-F 9-9 Sat 9-7 Sun 9-5		EXP. DATE			
FAX NUMBER 440-358-7772			EMAIL					

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
Bob Hytree		03210154	GIANT EAGLE PHARMACY #6377		
Fred Benvenuto			1201 MENTOR AVE.		
			PAINESVILLE, OHIO 44077		

1. LICENSING
 2. I.D. CARDS
 3. RECORD SYSTEM
 4. BARRICADE
 5. MIN. STANDARDS
 6. SECURITY
 7. LIBRARY
 8. CLEANLINESS
 9. REFRIGERATION
 10. ACCOUNTABILITY
 11. IMPROPER DISPENSING
 12. INSUFFICIENT SUPERVISION
 13. INVENTORY RECORDS
 14. DRUG DESTRUCTION
 15. ILLEGAL SALES
 16. ILLEGAL PURCHASES
 17. SAMPLES
 20. IMPROPER Rx's
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 28. Rx INT/DATE
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 30. PHONED C-II Rx
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 32. REFILLS-INT/DATE
 33. REFILLS-UA
 37. COUNSELING
 38. PSE SALES
 39. OARRS
 40. CONFIDENTIALITY
- ☐ F ☒ P ☒ Y

1) OSBP & DEA licenses current & posted. 2) OK
 4) Barricade inspection completed for temporary facility that will serve as pharmacy during remodel beginning 4/3/11. Barricade inspection report completed. 5) OK 6) Electronic alarm backs up physical barricade. 7) RPL can access Internet for OSBP rules & laws. 8) New pharmacy under construction.

APR - 4 2011

BY:

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

[Signature]
 SIGNATURE OF PERSON IN CHARGE

4/1/11
 DATE

[Signature]
 SIGNATURE OF INSPECTOR

4/1/11
 DATE

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

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OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: <u>4/1/11</u>	T.D.D.D. #: <u>021214750</u>
BOARD AGENT: <u>Edwards</u>	D.E.A. #: <u>BG6805482</u>

YES NO (Place an X on the appropriate line for each statement below)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- ☐ ☐ Key in sealed envelope in safe.
- ☒ ☐ All items requiring R.Ph. supervision are inside barricade.
- ☒ ☐ Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE: Temporary pharmacy location during remodel.

- ☒ ☐ Minimum of seven (7) feet in height.
- ☒ ☐ Fully enclosed.
- ☒ ☐ Suitable locks are provided.
- ☒ ☐ Prescription department cannot be entered when locked without obvious damage to barricade.
- ☒ ☐ No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

ELECTRONICS: Backup to physical barricade

- ☒ ☐ This is a company-owned system.
If no, leased from who? State Alarm
- ☒ ☐ This is a ☒ HARDWIRE / ☐ WIRELESS / ☐ BOTH system. (check one)
- ☒ ☐ There is a functional emergency "hold up" button.
- ☒ ☐ System is in operation at all times when R.Ph. is not present.
- ☒ ☐ Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?
Audible alarm and RPL notified
- ☒ ☐ Only pharmacists possess access code to prescription room.
- ☒ ☐ System was tested this date. Date system was last tested? _____
- ☒ ☐ Slot is provided for drop-in prescriptions.
- ☒ ☐ Suitable notice of operating hours to public is posted.
- ☐ ☐ Notice of emergency service is posted.

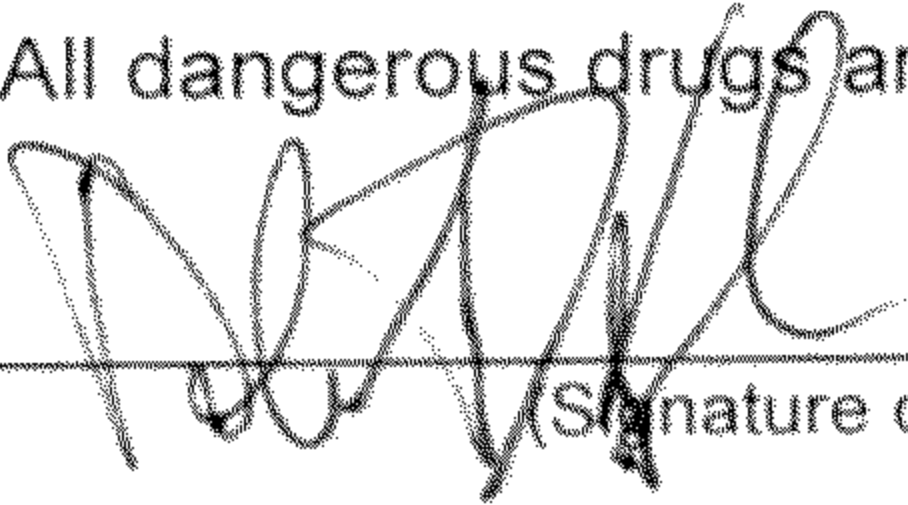
OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

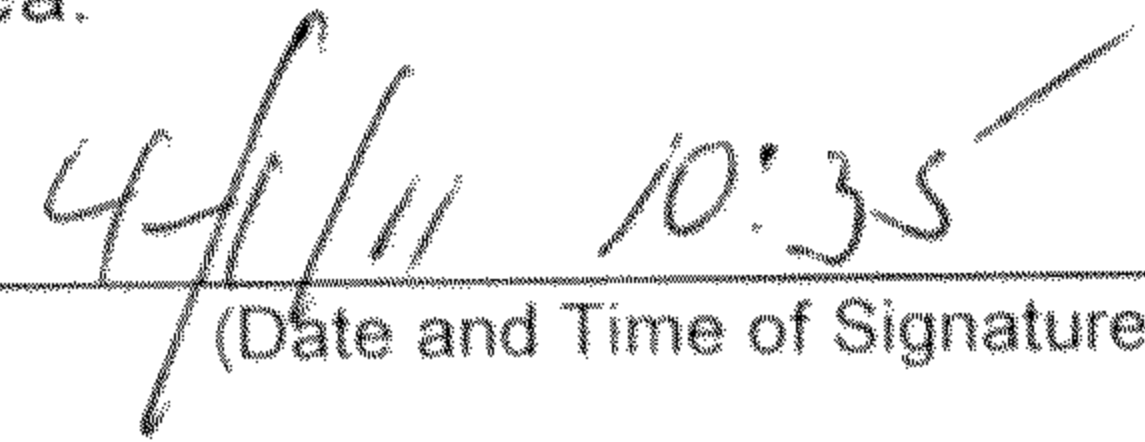
(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:**I have been informed of and understand the following requirements:**

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.



(Signature of R.Ph./Owner)



(Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:



(Signature of Board Agent)



(Title)

Comments:

Temporary pharmacy location inspected this date. Facility will serve as pharmacy beginning 4/3/11 for approx. 6 weeks. Temp location will be part of new pharmacy. 4 entry doors with key locks and alarm sensors. Roll down steel gate at counter with suitable locks. Barricade to be re-inspected when remodel is complete.

Barricade Approved.

GIANT EAGLE PHARMACY #6377
1201 MENTOR AVE.
PAINESVILLE, OHIO 44077

PHA-0611 (Rev. 04/04)

^^ PLACE STAMP OR SIGNATURE HERE ^^

RECEIVED
APR 11 2012

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, RM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-732-4838

TYPE: DDD#: 021214750 NAME: Giant Eagle R.P.: Rudy Kozan ADDR: 1201 Mentor Ave Padresville, OH 44077	AREA CODE / TELEPHONE NUMBER TIME IN 12:45 P.M. TIME OUT 3:45 P.M. TYPE RTPC FED. # BG-6805482 EXP. DATE 9/30/14 HOURS OPEN GIANT EAGLE PHARMACY FAX NUMBER 1201 MENTOR AVE, PHONE 440-358-7769
CAT: III CNTY: 43	CLASS:

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
Scott Nutt		03112420	Robert Hyltree		03210154
Rudy Kozan		03110873			
Shelley Kayle		03317073			

1. LICENSING 4/11/12 2. I.D. CARDS ygg 3. RECORD SYSTEM ygg 4. BARRICADE 5. MIN. STANDARDS OK 6. SECURITY 7. LIBRARY 4-16-12 8. CLEANLINESS 9. REFRIGERATION 10. ACCOUNTABILITY 11. IMPROPER DISPENSING 12. INSUFFICIENT SUPERVISION 13. INVENTORY RECORDS 14. DRUG DESTRUCTION 15. ILLEGAL SALES 16. ILLEGAL PURCHASES 17. SAMPLES 20. IMPROPER Rx's 21. OUTDATED DRUGS 22. DRUG LABELS 23. Rx INFORMATION 24. OTC/SYRINGES 25. Rx FILES 27. Rx COPIES 28. Rx INT/DATE 29. DEA INVENTORY 30. PHONED C-II Rx 31. REFILLS-6MO/5X 32. REFILLS-INT/DATE 33. REFILLS-UA 37. COUNSELING Comp 38. PSE SALES 4/11/12 39. OARRS ygg 40. CONFIDENTIALITY Full <input checked="" type="checkbox"/> Partial <input type="checkbox"/>	1.) OSBP - DEA licenses current & posted 2.) OK 3.) PDX software, version 4.7.00. NINE terminals handle data entry, Rx verification, patient profile searches, Rx transfers. Daily audit listing and Dispensing Authentication logs can be printed out to show positive ID on refill RX's. 4.) Fully enclosed barricade with electronic alarm backup. Barricade inspection report completed. 5.) OK 6.) Electronic alarm. No known thefts or
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☒ PINK SHEET ISSUED FOR NUMBER(S): 11, 26

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE: *[Signature]* DATE: 4/2/12
 SIGNATURE OF INSPECTOR: *[Signature]* DATE: 4/2/12

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

GIANT EAGLE PHARMACY
1501 MENTOR AVE,
PHONE 440-358-7769
FAX 440-358-7775

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, RM 1702, COLUMBUS, OHIO 43215-6126 TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 0214750 NAME: R.P.: ADDR: 2 f4 CAT: CNTY:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">AREA CODE / TELEPHONE NUMBER</td> <td style="width: 10%;">TIME IN</td> <td style="width: 10%;">A.M.</td> <td style="width: 10%;">TIME OUT</td> <td style="width: 10%;">A.M.</td> </tr> <tr> <td></td> <td></td> <td>P.M.</td> <td></td> <td>P.M.</td> </tr> <tr> <td colspan="2">TYPE</td> <td colspan="2">FED. #</td> <td>EXP. DATE</td> </tr> <tr> <td colspan="5">HOURS OPEN</td> </tr> <tr> <td colspan="2">FAX NUMBER</td> <td colspan="3">EMAIL</td> </tr> </table>	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.			P.M.		P.M.	TYPE		FED. #		EXP. DATE	HOURS OPEN					FAX NUMBER		EMAIL		
AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.																						
		P.M.		P.M.																						
TYPE		FED. #		EXP. DATE																						
HOURS OPEN																										
FAX NUMBER		EMAIL																								

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
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6. SECURITY
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33. REFILLS-UA
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38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☐ Partial ☐

significant losses to report.

7.) RPh. able to access Ohio Drug laws & rules online via OSBP website.

8.) OK

9.) OK

10.) Records of accountability maintained in Controlled Drug box. DEA 202 forms properly executed upon receiving C-II order from McKesson & Andia. Invoices attached to forms. McKesson invoice dated 3/29/12 states that "Monthly Regulatory Maximum Purchases Exceeded" for oxycodone-qmp 5/325. RPh. asked who sets this limit. This is the first

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

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SIGNATURE OF PERSON IN CHARGE	4/2/12 DATE	SIGNATURE OF INSPECTOR	4/2/12 DATE
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PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, RM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 021214750 NAME: R.P.: ADDR: CAT: CNTY:	AREA CODE / TELEPHONE NUMBER TIME IN A.M. P.M. TIME OUT A.M. P.M. TYPE FED. # EXP. DATE HOURS OPEN FAX NUMBER EMAIL
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PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

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40. CONFIDENTIALITY




Full ☐ Partial ☐

The tlb agent has seen a warning/disclaimer such as this.

* 11.) RX #6388545 was filled for furosemide 40mg on 3/21/12. RX was filled again on 3/24/12. It is unclear whether patient requested refill to be processed or what caused Rx to be processed 3 days after being filled. There should be a system in place that allows the RPh to see that the Rx is being filled too early. It is unacceptable for a technician to bypass a DUR warning without informing the RPh. Please review your policies/procedures and

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 SIGNATURE OF PERSON IN CHARGE	 DATE	 SIGNATURE OF INSPECTOR	4/2/12 DATE
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DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY, 77 SOUTH HIGH STREET, RM 1702, COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 021214750 NAME: R.P.: ADDR: 4 at 4 CAT: CNTY:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">AREA CODE / TELEPHONE NUMBER</td> <td style="width: 10%;">TIME IN</td> <td style="width: 10%;">A.M.</td> <td style="width: 10%;">TIME OUT</td> <td style="width: 10%;">A.M.</td> </tr> <tr> <td></td> <td></td> <td>P.M.</td> <td></td> <td>P.M.</td> </tr> <tr> <td colspan="2">TYPE</td> <td colspan="2">FED. #</td> <td>EXP. DATE</td> </tr> <tr> <td colspan="5">HOURS OPEN</td> </tr> <tr> <td colspan="2">FAX NUMBER</td> <td colspan="3">EMAIL</td> </tr> </table>	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.			P.M.		P.M.	TYPE		FED. #		EXP. DATE	HOURS OPEN					FAX NUMBER		EMAIL		
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33. REFILLS-UA
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39. OARRS
40. CONFIDENTIALITY

Full ☐ Partial ☐

Make sure techs and pharmacists are following proper protocol when DUR issues arise.

* 26.) RX #6401528 was processed on 3/26/12 after patient alleged Rx was lost. The hard copy of RX #6401528 is not on file. RPh. Hytree states he remembers writing up the prescription, however the hard copy cannot be located. Please locate hard copy and forward copy of Rx with pink sheet response.

29.) Last biennial inventory completed 5/1/11 at open of business by RPh. Kozan.

☐ PINK SHEET ISSUED FOR NUMBER(S):

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SIGNATURE OF PERSON IN CHARGE	4/2/12 DATE	SIGNATURE OF INSPECTOR	4/2/12 DATE
-------------------------------	----------------	------------------------	----------------

PHA-0610 (Rev. 04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: <u>4/2/2012</u>	T.D.D. #: <u>021214750</u>
BOARD AGENT: <u>Edwards</u>	D.E.A. #: <u>BG 6805482</u>

YES NO (Place an X on the appropriate line for each statement below)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- ☒ Key in sealed envelope in safe.
- ☒ All items requiring R.Ph. supervision are inside barricade.
- ☒ Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- ☒ Minimum of seven (7) feet in height.
- ☒ Fully enclosed.
- ☒ Suitable locks are provided.
- ☒ Prescription department cannot be entered when locked without obvious damage to barricade.
- ☒ No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

ELECTRONICS:

- ☒ This is a company-owned system.
If no, leased from who? State Alarm
- ☒ This is a ☒ HARDWIRE / ☐ WIRELESS / ☐ BOTH system. (check one)
- ☒ There is a functional emergency "hold up" button.
- ☒ System is in operation at all times when R.Ph. is not present.
- ☒ Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?
Audible alarm & RPh called at home
- ☒ Only pharmacists possess access code to prescription room.
- ☒ System was tested this date. Date system was last tested? 2011
- ☒ Slot is provided for drop-in prescriptions.
- ☒ Suitable notice of operating hours to public is posted.
- ☐ Notice of emergency service is posted.

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:**I have been informed of and understand the following requirements:**

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.

(Signature of R.Ph./Owner)_____
(Date and Time of Signature)**BARRICADE APPROVAL:**

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:

(Signature of Board Agent)_____
(Title)**Comments:**

Fully enclosed barricade with electronic alarm backup. Steel gate covers counter area - key lock and pins in floor. Roll down steel gate at drop off window. Steel frame entry door at pharmacy. Rear door goes to consultation room - used for vaccinations. Doors key locked.

PHA-0611 (Rev. 04/04)

Barricade
Approved.

GIANT EAGLE PHARMACY
1201 MENTOR AVE,
 ^^ PLACE STORE STICKER/STAMP HERE ^^
PHONE 440-358-7769
FAX 440-358-7772

Ohio Board of Pharmacy
77 South High Street, RM 1702
Columbus, OH 43215-6126

RE: Dangerous Drug Distributor Inspection Report; April 2, 2012

To Ohio Board of Pharmacy:

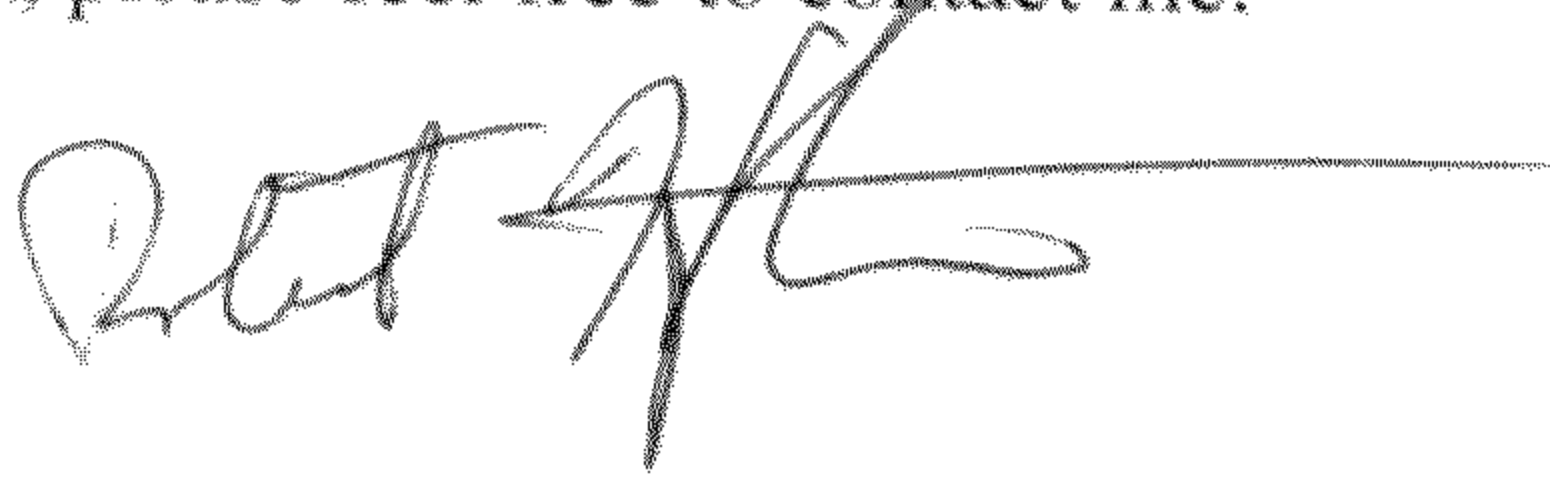
This is written in response to the above referenced report and the two items on that report that require a response.

#11 Improper Dispensing – The report deals with one specific prescription which was dispensed on 3/21/12 and again on 3/24/12. As the Pharmacy Team Leader, I have reviewed Giant Eagle policies and procedures with all pharmacy personnel on timing of refills, pharmacist review of all DUR's, and other related protocols. Our technicians and interns understand that all DURs must be printed and submitted to the Pharmacist for review prior to the prescription being dispensed to the patient.

#26 RX Files – RX #6401528 was found following the inspection. The RX had been misfiled with the OTC records. A copy of the prescription is enclosed.

If you need additional information, please feel free to contact me.

Robert Hytree, RPh.
Pharmacy Team Leader
Giant Eagle Pharmacy #6377
1201 Mentor Avenue
Painesville, OH 44077



888371

2012 APR 16 AM 11:25
RECEIVED
OHIO BOARD OF PHARMACY

Copy to T.E. + file
4/19/12 E.C.

10/17/21

[REDACTED]

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, RM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:

DDD#: 021214750

NAME: Grant Eagle

R.P.: Rudy Kozan

ADDR: 1201 Mentor Ave
Painesville, OH 44077

AREA CODE / TELEPHONE NUMBER

TIME IN

A.M.

12:45

P.M.

TIME OUT

A.M.

3:45

P.M.

TYPE

FED. #

EXP. DATE

RTPC

BG6805482

9/30/14

HOURS
OPEN

FAX NUMBER

EMAIL

CAT: III

CLASS:

CNTY: 43

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
Scott Nuth		03112420	Robert Hlytree		03210154
Rudy Kozan		03110873			
Shelley Kaye		03317073			

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
20. IMPROPER Rx's
21. OUTDATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGES
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED C-II Rx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

Full ☒ Partial ☐

- 1.) OSBP - DEA licenses current & posted
- 2.) OK
- 3.) PDX software, version 4.7.00. Nhe terminals handle data entry, Rx verification, patient profile searches, Rx transfers. Daily audit listing and Dispensing Authentication logs can be printed out to show positive ID on refill Rx's.
- 4.) Fully enclosed barricade with electronic alarm backup. Barricade inspection report completed.
- 5.) OK
- 6.) Electronic alarm. No known thefts or

☒ PINK SHEET ISSUED FOR NUMBER(S): 11, 26

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE

DATE

SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev.04/11) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 021214750 NAME: Giant Eagle #6377 R.P.: Rudy Koran ADDR: 1201 Mentor Ave. Painesville, OH 44077 CAT: III CNTY: Lake CLASS: 05	AREA CODE / TELEPHONE NUMBER 440-358-7769 TIME IN A.M. 1:00 P.M. 2:00 P.M. TYPE FED. # BB6805482 EXP. DATE 9/30/11 HOURS OPEN M-F 9-9 Sat 9-7 Sun 9-5 FAX NUMBER 440-358-7772 EMAIL
---	--

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
Bobblytree		0320154	GIANT EAGLE PHARMACY #6377 1201 MENTOR AVE. PAINESVILLE, OHIO 44077		
Scott Nutt		0312420			
Rudy Koran		10873			

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
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31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

F ☐ Comp P ☒ SB

1.) OSBP & DEA licenses current & posted. 2.) OK.

4.) Barricade inspection report completed. Construction of pharmacy addition to be complete 6/19/11. New front counter area constructed. Slide across steel gate, 2 motion sensors and 3 hold up buttons have been added.

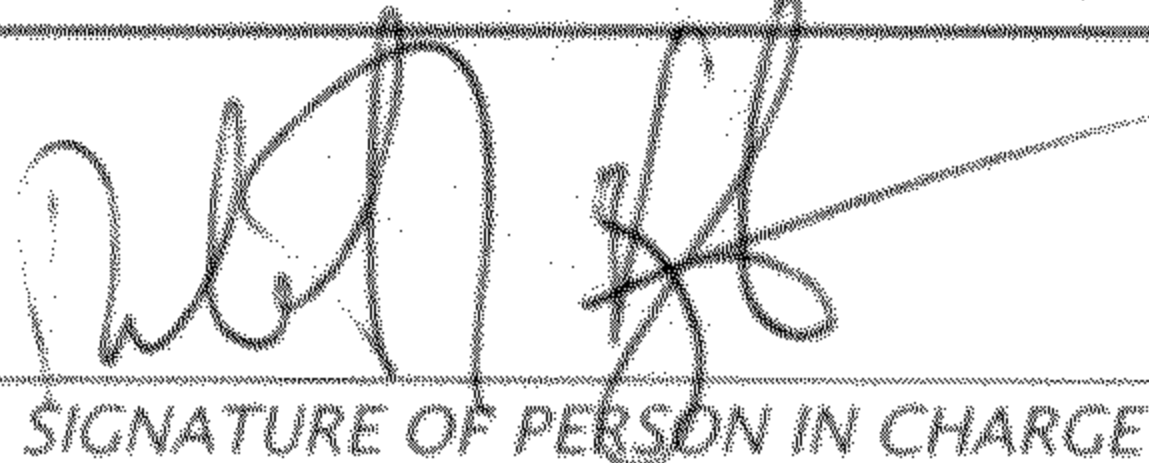
5.) OK

6.) Alarm tested with State Alarm tech. Backup to physical barricade. New sensors and gates approved.

Barricade Approved

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.



SIGNATURE OF PERSON IN CHARGE

6/14/11

DATE



SIGNATURE OF INSPECTOR

6/14/11

DATE

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

GIANT EAGLE PHARMACY #6937
1501 MENTOR AVE.
PAINESSVILLE, OHIO 44073

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: <i>6/14/2011</i>	T.D.D.D. #: <i>021214750</i>
BOARD AGENT: <i>Edwards</i>	D.E.A. #: <i>866805482</i>

YES NO (Place an X on the appropriate line for each statement below)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- ☒ ☐ Key in sealed envelope in safe.
- ☒ ☐ All items requiring R.Ph. supervision are inside barricade.
- ☒ ☐ Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- ☒ ☐ Minimum of seven (7) feet in height.
- ☒ ☐ Fully enclosed.
- ☒ ☐ Suitable locks are provided.
- ☒ ☐ Prescription department cannot be entered when locked without obvious damage to barricade.
- ☒ ☐ No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

ELECTRONICS: *Backup to physical barricade*

- ☐ ☒ This is a company-owned system.
If no, leased from who? *State Alarm*
- ☒ ☐ This is a ☒ HARDWIRE / ☐ WIRELESS / ☐ BOTH system. (check one)
- ☒ ☐ There is a functional emergency "hold up" button. *X 4*
- ☒ ☐ System is in operation at all times when R.Ph. is not present.
- ☒ ☐ Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?
Audible alarm + RPh. called at home
- ☒ ☐ Only pharmacists possess access code to prescription room.
- ☒ ☐ System was tested this date. Date system was last tested? _____
- ☐ ☒ Slot is provided for drop-in prescriptions.
- ☒ ☐ Suitable notice of operating hours to public is posted.
- ☐ ☐ Notice of emergency service is posted.

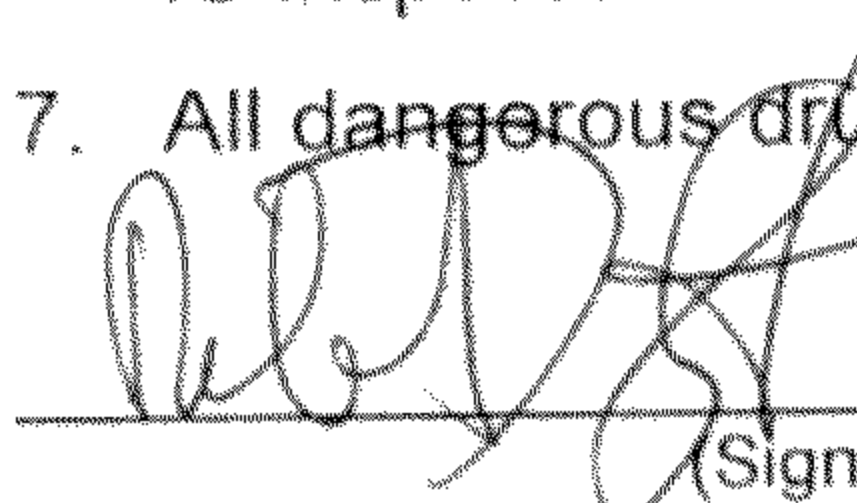
OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:**I have been informed of and understand the following requirements:**

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.



 (Signature of R.Ph./Owner)

6/17/11 1:45

 (Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:



 (Signature of Board Agent)



 (Title)

Comments:

fully enclosed barricade with electronic alarm backup. Pull across steel gate from floor to ceiling in front of counter, automatic roll down steel gate at drop off counter. 6 motion sensors, 4 hold up buttons and 5 door sensors make up zones for alarm. Four total sets of keys - 3 in possession of RPhis plus one floater set locked up. Drive thru window not changed by remodel. Construction to be completed 6/19/11. Barricade Approved.

PHA-0611 (Rev. 04/04)

^^ PLACE STORE SIGNATURE HERE ^^

GIANT EAGLE PHARMACY #6377
1201 MENTOR AVE.
PAINESVILLE, OHIO 44077

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: RTPC
 DDD#: 021214750
 NAME: Grant Eagle
 R.P.: Rudolph Kozan
 ADDR: 1201 Hewitt Ave.
Calvesville Twp. OH 44077

AREA CODE / TELEPHONE NUMBER: 440-358-7769 TIME IN: 2:15 A.M. TIME OUT: 4:15 A.M.
 TYPE: RTPC FED. #: BG6805482 EXP. DATE: 9/30/2011
 HOURS OPEN: M-F 9-9 Sat 9-7 Sun 9-5
 FAX NUMBER: 440-358-7722 EMAIL:

CAT: III CLASS:
 CNTY: Lake

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
Robert Hytree	RTM	03210154	Shelley Kayle	SHE	17073
Scott Nutt	SXN	03112420		RECEIVED	
Rudy Kozan	RKK	10873		SEP 21 2010	

- ☒ 1. LICENSING
- ☒ 2. I.D. CARDS
- ☒ 3. RECORD SYSTEM
- ☒ 4. BARRICADE
- ☒ 5. MIN. STANDARDS
- ☒ 6. SECURITY
- ☒ 7. LIBRARY
- ☒ 8. CLEANLINESS
- ☒ 9. REFRIGERATION
- ☒ 10. ACCOUNTABILITY
- ☒ 11. IMPROPER DISPENSING
- ☒ 12. INSUFFICIENT SUPERVISION
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- ☒ 27. Rx INT/DATE
- ☒ 28. DEA INVENTORY
- ☒ 30. PHONED C-II Rx
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- ☒ 32. REFILLS-INT/DATE
- ☒ 33. REFILLS-UA
- ☒ 37. COUNSELING
- ☒ 38. PSE SALES
- ☒ 39. OARRS
- ☒ 40. CONFIDENTIALITY

1.) OSBP + DEA licenses current + posted. 2.) OK
 3.) PDX software version 4.6.08 5 computer terminals handle all data entry, rx verification, patient profile searches. Daily tapes changed by RPh. - stored in secure area with HIPAA sensitive documents. Cleveland area stores use real time online system for rx transfers and patient profile searches. Daily NDC verification report prints out. 4.) Fully enclosed barricade - inspection report completed. 5.) OK
 6.) Electronic alarm backs up physical barricade. All thefts and/or losses properly reported.
 7.) RPh. able to access OSBP website and Ohio Drug laws and rules. 8.) OK 9.) OK

F ☒ Conf P ☐ SS

☐ PINK SHEET ISSUED FOR NUMBER(S): 9-23-10

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE: [Signature] DATE: 9/16/10
 SIGNATURE OF INSPECTOR: [Signature] DATE: 9/16/10

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:
 DDD#: 021214750
 NAME:
 R.P.:
 ADDR:

2 of 3

AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.
		P.M.		P.M.

TYPE	FED. #	EXP. DATE
------	--------	-----------

HOURS
OPEN

FAX NUMBER

EMAIL

CAT: CLASS:
 CNTY:

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING
2. I.D. CARDS
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32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

F ☐ P ☐


10.) DEA 222 forms properly executed upon receiving C-II order from McKesson. No wholesale sales being made. 13.) Perpetual C-II inventory log book being properly maintained. 23.) C-II RXs examined. Hard copies properly contain quantity in alpha and numeric format, full patient name and residential address, and physician DEA number. 26.) 4 part filling system. 28.) Hard copies properly initialed/dated. Cat Eagle prescription stickers have initial box for medication selection and RX verification initials. 29.) Last biennial inventory completed 5/1/09 by RPh Hytree at business open. 32.) Dispensing verification log signed by dispensing

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

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 9/16/10
 SIGNATURE OF PERSON IN CHARGE

DATE

 9/16/10
 SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: 021214750 NAME: R.P.: ADDR: CAT: CNTY:	3 of 3	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.	
				P.M.		P.M.	
		TYPE		FED. #		EXP. DATE	
		HOURS OPEN					
		FAX NUMBER		EMAIL			

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING 2. I.D. CARDS 3. RECORD SYSTEM 4. BARRICADE 5. MIN. STANDARDS 6. SECURITY 7. LIBRARY 8. CLEANLINESS 9. REFRIGERATION 10. ACCOUNTABILITY 11. IMPROPER DISPENSING 12. INSUFFICIENT SUPERVISION 13. INVENTORY RECORDS 14. DRUG DESTRUCTION 15. ILLEGAL SALES 16. ILLEGAL PURCHASES 17. SAMPLES 20. IMPROPER Rx's 21. OUTDATED DRUGS 22. DRUG LABELS 23. Rx INFORMATION 24. OTC/SYRINGES 26. Rx FILES 27. Rx COPIES 28. Rx INT/DATE 29. DEA INVENTORY 30. PHONED C-II Rx 31. REFILLS-6MO/5X 32. REFILLS-INT/DATE 33. REFILLS-UA 37. COUNSELING 38. PSE SALES 39. OARRS 40. CONFIDENTIALITY F <input type="checkbox"/> P <input type="checkbox"/>	RPh. This shows positive ID on the refill RX's dispensed.
	Rx # 6296372 new today
	Approx. 400 375 RX's/day 60% new.

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	9/16/10		9/16/10
SIGNATURE OF PERSON IN CHARGE	DATE	SIGNATURE OF INSPECTOR	DATE

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OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: <i>9/16/2010</i>	T.D.D.D. #: <i>021214 750</i>
BOARD AGENT: <i>Edwards</i>	D.E.A. #: <i>B6 6805482</i>

YES NO (Place an X on the appropriate line for each statement below)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- ☒ ☐ Key in sealed envelope in safe.
- ☐ ☒ All items requiring R.Ph. supervision are inside barricade.
- ☒ ☐ Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- ☒ ☐ Minimum of seven (7) feet in height.
- ☒ ☐ Fully enclosed.
- ☒ ☐ Suitable locks are provided.
- ☒ ☐ Prescription department cannot be entered when locked without obvious damage to barricade.
- ☒ ☐ No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

ELECTRONICS:*Backup to physical barricade*

- ☐ ☒ This is a company-owned system.
If no, leased from who? *State Alarm*
- ☒ ☐ This is a ☐ HARDWIRE / ☐ WIRELESS / ☐ BOTH system. (check one)
- ☒ ☐ There is a functional emergency "hold up" button.
- ☒ ☐ System is in operation at all times when R.Ph. is not present.
- ☒ ☐ Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?
Audible alarm - RPh called at home if after hours.
- ☒ ☐ Only pharmacists possess access code to prescription room.
- ☐ ☒ System was tested this date. Date system was last tested? _____
- ☐ ☒ Slot is provided for drop-in prescriptions.
- ☒ ☐ Suitable notice of operating hours to public is posted.
- ☐ ☐ Notice of emergency service is posted.

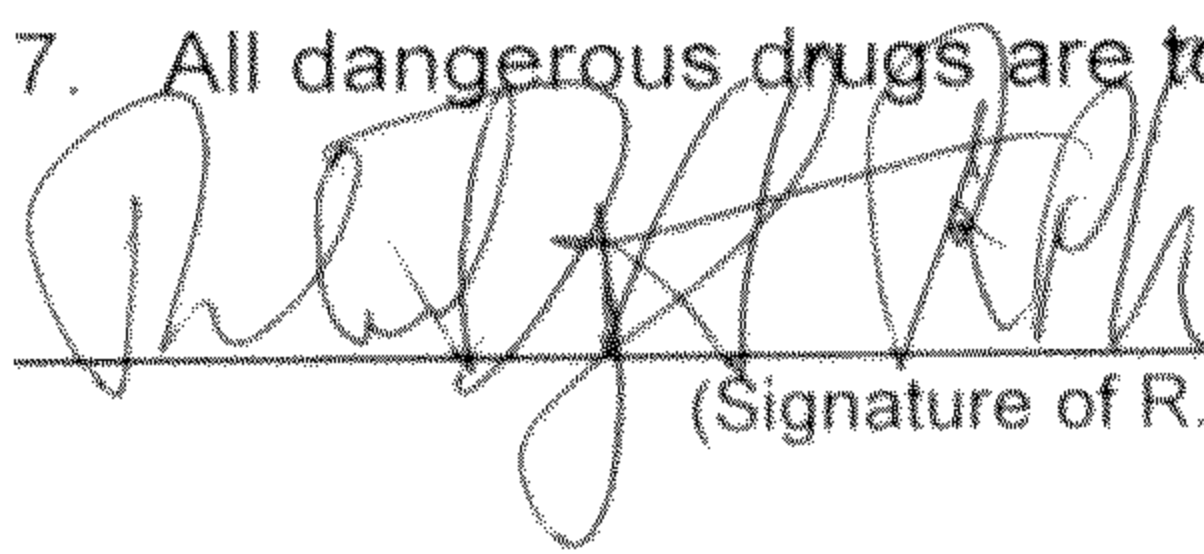
OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:**I have been informed of and understand the following requirements:**

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.


 (Signature of R.Ph./Owner)

9/16/10 4:05
 (Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:


 (Signature of Board Agent)

Agent
 (Title)

Comments:

Fully enclosed barricade. 3 total sets of keys - one locked in lock box in office. Electronic alarm backs up physical barricade.

Barricade Approved

06-13-05A07:25 RCVD

05-25-05P12:56 RCVD

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:	02-1199900 P	AREA CODE / TELEPHONE NUMBER	440-946-7714	TIME IN	10:00 A.M.	TIME OUT	11:00 P.M.
DDD#:		TYPE	05 (RETAIL)	FED.#	BG667524	EXP. DATE	7-30-05
NAME:	GIANT EAGLE #	HOURS OPEN	9:00-9:00 (DAILY)	(SAT.)	9:00-8:00P	(SUN. & HOLIDAYS)	5:00P
R.P.:	36475 EUCLID AVE.	RESPONSIBLE PERSON	RPH. DARYL HEISER	TITLE/I.D. NO.		INIT. USED	
ADDR:	WILLOUGHBY, OHIO						
CAT:	LAKE	CLASS:	OF				
CNTY:							

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
RPH. DARYL HEISER		#03-2-13793	RPH. JENNIFER EDWARDS		#03-2-23392

1. LICENSING
2. I.D.CARDS
3. RECORDSYSTEM
4. BARRICADE
5. MIN.STANDARDS
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12. INSUFFICIENTSUPERVISION
13. INVENTORYRECORDS
14. DRUGDESTRUCTION
15. ILLEGALSALLES
16. ILLEGALPURCHASES
17. SAMPLES
18. NON-REGCOMPOUNDING
19. RxBLANKS
20. IMPROPERRx'S
21. OUTDATEDDRUGS
22. DRUGLABELS
23. RxINFORMATION
24. OTC/SYRINGES
25. GENERICMFG.
26. RxFILES
27. RxCOPIES
28. RxINT/DATE
29. DEAINVENTORY
30. PHONEDSCHIIRx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
34. EMERGENCYKIT
35. CONTINGENCYKIT
36. NON-REGDISPENSING
37. COUNSELING

1) OK (2005) - Prior Inspection - POSTED IN PHARMACY

2) OK (2005) (BARRICADE)

3) IBM COMPUTER SYSTEM - ON LINE TO ALL OTHER GIANT EAGLE PHARMACIES. COMPUTER GENERATES A DAILY LOG WHICH IS SIGNED BY DISPENSING

GIANT EAGLE PHARMACY #638
36475 Euclid Ave.
Willoughby, Ohio 44094

☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF CORRECTIVE ACTION TAKEN NOTED ON THE REVERSE SIDE, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE: [Signature] DATE SIGNED: 5-12-05 SIGNATURE OF INSPECTOR: [Signature]

PHA-0610 (Rev. 02/02) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY GREEN - DISTRIBUTOR COPY PINK - INDIVIDUAL COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

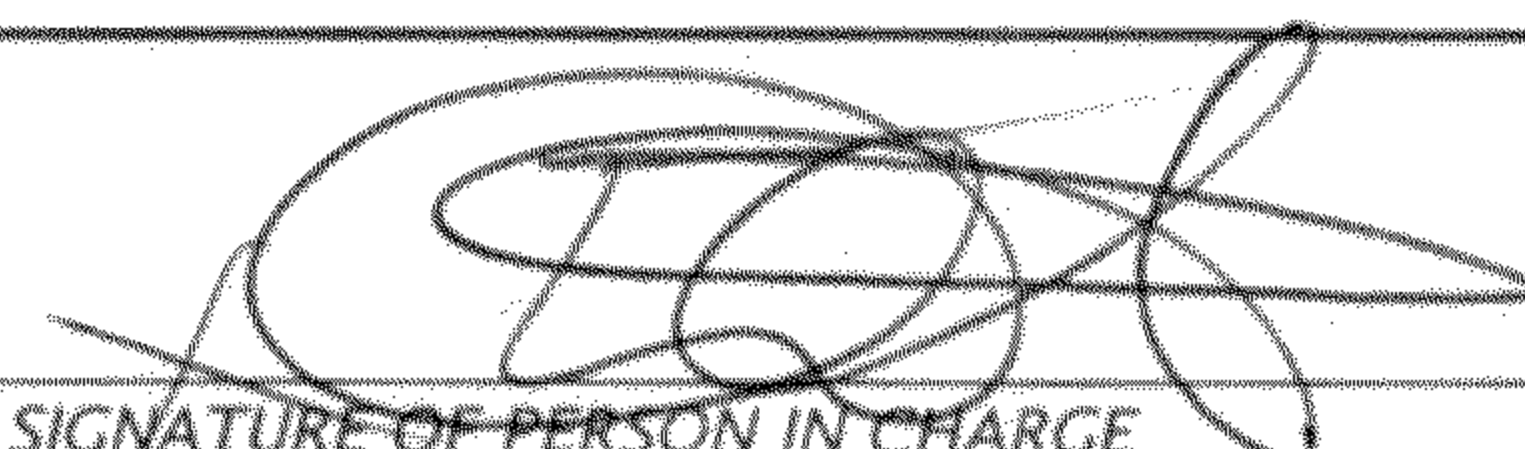

TYPE: _____ DDD#: <u>02-1199900</u> NAME: _____ R.P.: _____ ADDR: <u>POOR 2 OF 2</u> CAT: _____ CLASS: _____ CNTY: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">AREA CODE / TELEPHONE NUMBER</td> <td style="width: 10%;">TIME IN</td> <td style="width: 10%;">A.M.</td> <td style="width: 10%;">TIME OUT</td> <td style="width: 10%;">A.M.</td> </tr> <tr> <td></td> <td></td> <td>P.M.</td> <td></td> <td>P.M.</td> </tr> <tr> <td colspan="2">TYPE <u>05</u></td> <td colspan="2">FED.#</td> <td>EXP. DATE</td> </tr> <tr> <td colspan="2">HOURS OPEN</td> <td>(DAILY)</td> <td>(SAT.)</td> <td>(SUN. & HOLIDAYS)</td> </tr> <tr> <td colspan="2">RESPONSIBLE PERSON</td> <td colspan="2">TITLE/I.D. NO.</td> <td>INIT. USED</td> </tr> </table>	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.			P.M.		P.M.	TYPE <u>05</u>		FED.#		EXP. DATE	HOURS OPEN		(DAILY)	(SAT.)	(SUN. & HOLIDAYS)	RESPONSIBLE PERSON		TITLE/I.D. NO.		INIT. USED
AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.																						
		P.M.		P.M.																						
TYPE <u>05</u>		FED.#		EXP. DATE																						
HOURS OPEN		(DAILY)	(SAT.)	(SUN. & HOLIDAYS)																						
RESPONSIBLE PERSON		TITLE/I.D. NO.		INIT. USED																						

PERSONNEL	INIT. USED	TITLE/I.D. NO.	PERSONNEL	INIT. USED	TITLE/I.D. NO.

<ol style="list-style-type: none"> 1. LICENSING 2. I.D.CARDS 3. RECORDSYSTEM 4. BARRICADE 5. MIN.STANDARDS 6. SECURITY 7. LIBRARY 8. CLEANLINESS 9. REFRIGERATION 10. ACCOUNTABILITY 11. IMPROPERDISPENSING 12. INSUFFICIENTSUPERVISION 13. INVENTORYRECORDS 14. DRUGDESTRUCTION 15. ILLEGALSALES 16. ILLEGALPURCHASES 17. SAMPLES 18. NON-REGCOMPOUNDING 19. RxBLANKS 20. IMPROPERRx'S 21. OUTDATEDDRUGS 22. DRUGLABELS 23. RxINFORMATION 24. OTC/SYRINGES 25. GENERICMFG. 26. RxFILES 27. RxCOPIES 28. RxINT/DATE 29. DEAINVENTORY 30. PHONEDSCHIIRx 31. REFILLS-6MO/5X 32. REFILLS-INT/DATE 33. REFILLS-UA 34. EMERGENCYKIT 35. CONTINGENCYKIT 36. NON-REGDISPENSING 37. COUNSELING 	<p><u>4) BARRICADE REPORT WRITTEN (APPROVED)</u></p> <p><u>5) OK</u></p> <p><u>6) STATE Alarm System</u></p> <p><u>7) OK (Updated to Jan. 2005)</u></p> <p><u>8) STORE TO move from old location to new location AT OTHER END OF STORE ON 05-12-05. 8) OK 9) OK</u></p>
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☐ PINK SHEET ISSUED FOR NUMBER(S): _____

IF BOX IS CHECKED, **THE DISTRIBUTOR** SHALL CORRECT ITEM(S) INDICATED AND **RETURN THE PINK COPY**, WITH DETAILS OF CORRECTIVE ACTION TAKEN NOTED ON THE REVERSE SIDE, TO THE BOARD OFFICE **WITHIN 20 DAYS** FROM DATE ISSUED.

 SIGNATURE OF PERSON IN CHARGE	<u>5-12-05</u> DATE SIGNED	 SIGNATURE OF INSPECTOR
--	-------------------------------	---

PHA-0610 (Rev. 02/02) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY GREEN - DISTRIBUTOR COPY PINK - INDIVIDUAL COPY

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OHIO STATE BOARD OF PHARMACY

05-23-05PT12:56 RCVD

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: <u>5-12-05</u>	T.D.D.D. #: <u>02-1199900</u>
BOARD AGENT: <u>ATBODI</u>	D.E.A. #: <u>BG6670524</u>

YES NO (CHECK ONE)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- ☒ ☐ Key in sealed envelope in safe.
- ☒ ☐ All items requiring R.Ph. supervision are inside barricade.
- ☒ ☐ Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- ☒ ☐ Minimum of seven (7) feet in height.
- ☒ ☐ Fully enclosed.
- ☒ ☐ Suitable locks are provided.
- ☒ ☐ Prescription department cannot be entered when locked without obvious damage to barricade.
- ☒ ☐ No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

BOTH APPROVED**ELECTRONICS:**

- ☐ ☒ This is a company-owned system.
If no, leased from who? STATE ALARMS
- ☒ ☐ This is a ☒ HARDWIRE / ☐ WIRELESS / ☐ BOTH system. (check one)
- ☐ ☒ There is a functional emergency "hold up" button.
- ☒ ☐ System is in operation at all times when R.Ph. is not present.
- ☐ ☐ Items in prescription room may not be removed when system is operating without activating the alarm.

If yes, where does alarm sound or who does it alert?

① STATE ALARMS ② WPA ③ RPA

- ☒ ☐ Only pharmacists possess access code to prescription room.
- ☒ ☐ System was tested this date. Date system was last tested? _____
- ☐ ☒ Slot is provided for drop-in prescriptions.
- ☒ ☐ Suitable notice of operating hours to public is posted.
- ☒ ☐ Notice of emergency service is posted.

PHA-0611 (Rev. 06/98)

(continued on Page Two > >)

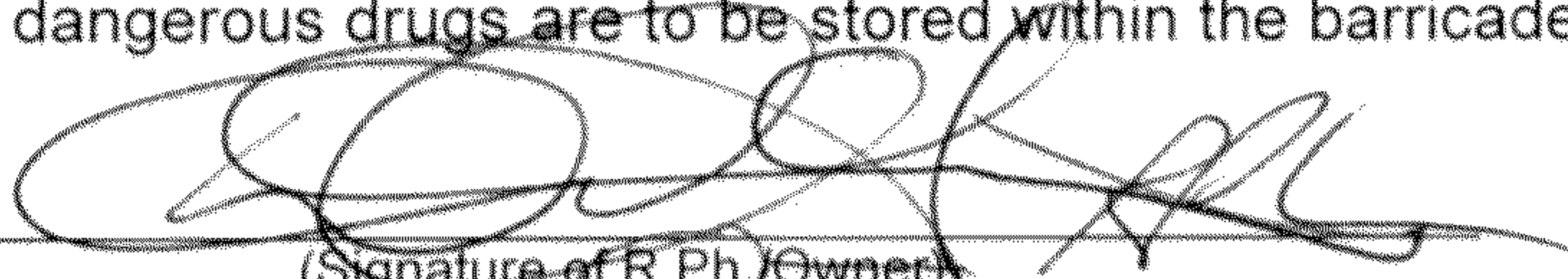
OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:**I have been informed of and understand the following requirements:**

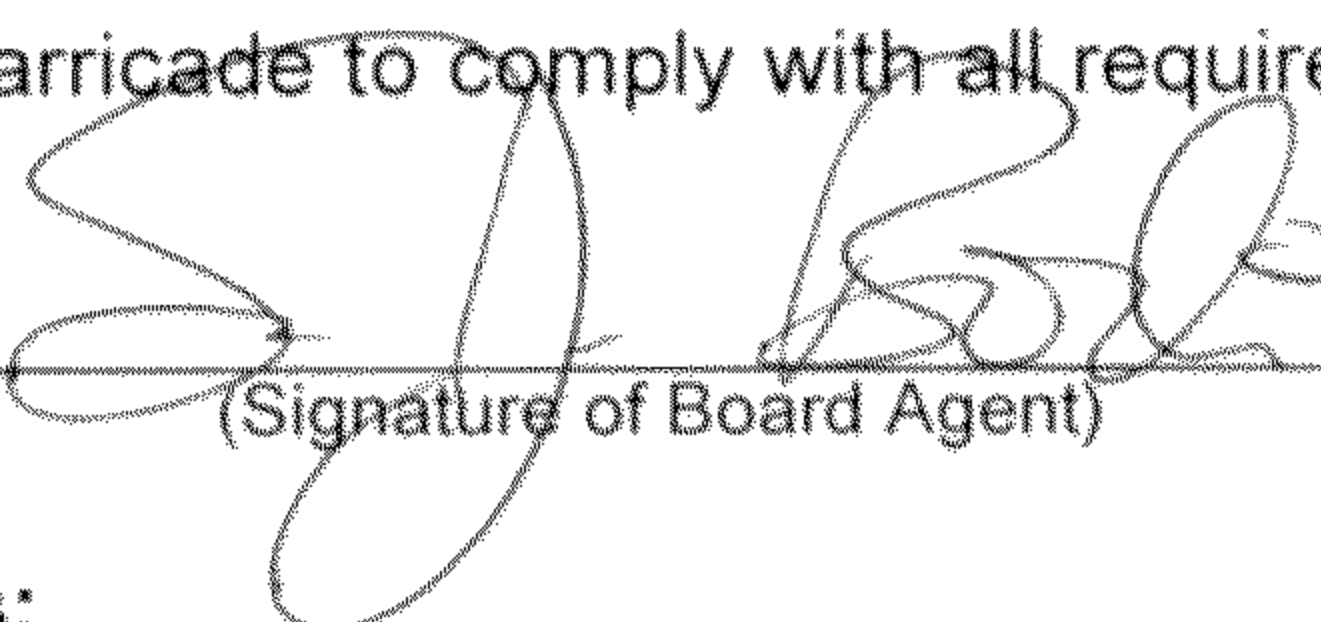
1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.


 (Signature of R.Ph. Owner)

5-12-05 10:35 am
 (Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:


 (Signature of Board Agent)

DOEN
 (Title)

Comments:

GIANT EAGLE PHARMACY #6381
 36475 Euclid Ave.
 Willoughby, Ohio 44094

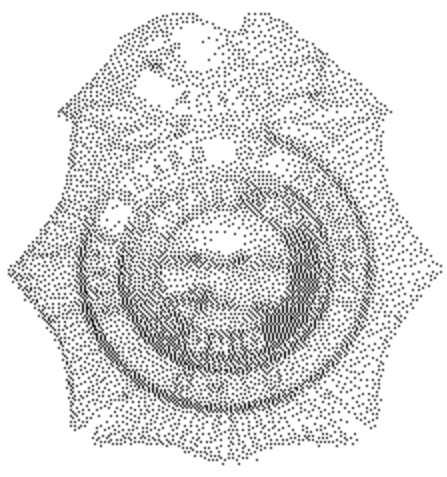
11

OHIO PHARMACY BOARD

FEB 09 2015

PS 6,3

Lisa Full



License 021199900 - Giant Eagle Pharmacy 6381

Ohio State Board of Pharmacy

77 South High Street, Room 1702, Columbus, Ohio 43215
 Phone 614-466-4143 Fax 614-752-4836
<http://www.pharmacy.ohio.gov>

Completed by David Gallagher / Dietsche
 Start 1/26/2015 2:37 PM
 End 1/26/2015 4:15 PM

Organization

Name Giant Eagle Pharmacy 6381	License Type Retail Pharmacy - Large Chain	Category Category Three
License Number 021199900	Business Type Large Chain Pharmacy - 12 Or More Outlets	DEA Number BG6670524
Responsible Person	Hours of Operation	

Contact

Address 36475 Euclid Ave. Willoughby, OH 44094 <u>Lake County</u> 43	Primary Number (440) 946-7714	Fax Number	Website
--	---	-------------------	----------------

Personnel

<u>Name</u>	<u>Initials</u>	<u>Position</u>	<u>I.D. No.</u>	<u>Phone</u>	<u>Email</u>
Jennifer Ann Edwards, R.Ph.	JAE	Pharmacist	03223392		

1.1) The OSBP License

1) Is the pharmacy's TDDD license available for inspection?

Yes

Observation

No issues found.

2) Is the pharmacy's TDDD license current?

Yes

Observation

No issues found.

3) Has the Pharmacy's TDDD license been signed by the responsible person?

Yes

4) Has a change in the pharmacy's ownership, business name, category, or address occurred without notification to the OSBP?

No

2.1) RPh Wall Certificates

1) Are the pharmacists OSBP wall certificates posted within the pharmacy?

Yes

Observation

No issues

2.2) ID Cards

1) Have all pharmacists and Pharmacy Interns signed their Board of Pharmacy wallet license?

Yes

2) Are the pharmacists or pharmacy Interns practicing pharmacy without having their ID card on their person?

No

2.3) Unlicensed Practice Issues

Printed: 1/26/2015 4:17 PM

Page: 1 of 5

14.

10

1

Yes.

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

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1. *Chlorophyll a* (Chl *a*)

1

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

1

Journal of Management Education 30(6)p.789-804

1. *What is the most important change in the past 10 to 15 years?*

Y. . . .

and the 1990s, and the last three (3) years from the ARKS.

U.S. ...

•

4. All transactions, including ordering, billing, and/or dispensing functions, be made from any location outside the pharmacy building.

6

1) Is the proposed ARS "real time online system", and used for the review and transfer of dispensing data?

OHIO PHARMACY BOARD

License 00000000000000000000000000000000

Page: 3 of 5

FEB 09 2015

2) Does the form that is generated by the ARKS prevent a patient from receiving more dispensings than authorized by the prescriber's prescription?

1.

0.

1) The pharmacy has a Point of Sale (POS) System (POS) At POS documentation of the patient's name, date of birth, and drug name is required to receive a dispensing without the POS updating the ARKS. If the pharmacy does not have the POS, the pharmacy can allow a patient to receive more of a

✓

1) The pharmacy has a Point of Sale (POS) System (POS) At POS documentation of the patient's name, date of birth, and drug name is required to receive a dispensing without the POS updating the ARKS. If the pharmacy does not have the POS, the pharmacy can allow a patient to receive more of a

3.3.5

1) The pharmacy has a Point of Sale (POS) System (POS) At POS documentation of the patient's name, date of birth, and drug name is required to receive a dispensing without the POS updating the ARKS. If the pharmacy does not have the POS, the pharmacy can allow a patient to receive more of a

1.

3.3.6

1) The pharmacy has a Point of Sale (POS) System (POS) At POS documentation of the patient's name, date of birth, and drug name is required to receive a dispensing without the POS updating the ARKS. If the pharmacy does not have the POS, the pharmacy can allow a patient to receive more of a

1.

3.3.7

1) The pharmacy has a Point of Sale (POS) System (POS) At POS documentation of the patient's name, date of birth, and drug name is required to receive a dispensing without the POS updating the ARKS. If the pharmacy does not have the POS, the pharmacy can allow a patient to receive more of a

1.

0.

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1.

0.

1) The pharmacy has a Point of Sale (POS) System (POS) At POS documentation of the patient's name, date of birth, and drug name is required to receive a dispensing without the POS updating the ARKS. If the pharmacy does not have the POS, the pharmacy can allow a patient to receive more of a

3) Can the pharmacy retrieve dispensing data be retrieved for inspection by the OSBP?

1.

0.

3.3.8

1) The pharmacy has a Point of Sale (POS) System (POS) At POS documentation of the patient's name, date of birth, and drug name is required to receive a dispensing without the POS updating the ARKS. If the pharmacy does not have the POS, the pharmacy can allow a patient to receive more of a

0.

1.

2) Does the ARKS have a level of access based on duties (Technician vs. Pharmacist)?

1.

0.

1) The pharmacy has a Point of Sale (POS) System (POS) At POS documentation of the patient's name, date of birth, and drug name is required to receive a dispensing without the POS updating the ARKS. If the pharmacy does not have the POS, the pharmacy can allow a patient to receive more of a

3) Does the pharmacy have a policy for monitoring and supervising ARKS access and use?

1.

0.

1) The pharmacy has a Point of Sale (POS) System (POS) At POS documentation of the patient's name, date of birth, and drug name is required to receive a dispensing without the POS updating the ARKS. If the pharmacy does not have the POS, the pharmacy can allow a patient to receive more of a

4) If the pharmacy has a security access (not specifically approved by the OSBP), what is the security access to the ARKS (e.g., username, password, security questions, etc.)

1.

0.

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Page: 3 of 5

License 00000000000000000000000000000000

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pharmacy delivery system and the pharmacy dispensing, with each RPh signing for what they receive. The pharmacy is not aware of any devices that have not yet been approved for use (by itself)

4) Bar

1) Emergency Report

1) Emergency Report
 2) Emergency Report

OHIO PHARMACY BOARD

FEB 09 2015

6) Security

1) Does the pharmacy have a drug stock and/or cash to detect and deter drug theft and diversion?

Yes

2) Are all cash and/or drug stocks kept within the pharmacy barricade?

Yes

3) Are all cash and/or drug stocks that are stored outside of the pharmacy barricade but within the same physical building and/or premises are tamper evident?

Yes

4) Does the pharmacy have a secure facility for the storage of records of accountability?

Yes. The pharmacy has a secure facility for the storage of records of accountability as required by the OSBP.

5) Has the pharmacy experienced any drug thefts or losses in the last three (3) years? Written Response

Yes. The pharmacy has experienced a drug theft and loss in the last three (3) years. The pharmacy has filed a theft and loss report on this loss.

Yes. The pharmacy has experienced a drug theft and loss in the last three (3) years. The pharmacy has filed a theft and loss report on this loss.

6) Does the pharmacy have a theft and loss report?

Yes

Yes. The pharmacy has experienced a drug theft and loss in the last three (3) years. The pharmacy has filed a theft and loss report on this loss.

7) Life

1) Does the pharmacy have a date that expires of Ohio's online resource to access the required information?

Yes

2) Does the pharmacy have access to the paper/electronic references necessary to appropriately practice pharmacy?

10.1) Life

1) Does the pharmacy have a DEA-222 form or are they using an electronic DEA-222 ordering system?

Both

10.2) Life

1) Does the pharmacy have a DEA-222 form being properly completed?

2) Does the pharmacy have a DEA-222 form being signed prior to being used?

3) Does the pharmacy have a DEA-222 form being filed by serial number and retained for at least 3 years?

10.4) Life

1) Does the pharmacy have a DEA-222 form being filed by serial number and retained for at least 3 years?

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Page: 4 of 5

1

#

• License 021199900 Giant Eagle Pharmacy 0381

Page: 5 of 5

McKesson, Giant Eagle Warehouse, and Anda

21) Outdated Drugs

1) Are there expired medications on the pharmacy shelves?

No

Observation

No observed

2) Are the known expired drugs segregated from the pharmacy drug stock?

Yes

32) Refills (Initialed & Dated)

1) Are the pharmacist signing the daily printouts? This also includes initialling bound refill logs.

Yes

43) Inspection Affirmation

1) Inspection Affirmation

Observation

As the on duty pharmacist, at the time of this inspection, I affirm that I have reviewed this inspection report with the Specialist/Agent, and understand its content. If this inspection report requires a written response of corrective action, the response shall be provided to the Ohio State Board of Pharmacy within 20 days of this inspection. I understand that if I am not the Responsible Person documented on this site's Ohio TDDD license, I will ensure the Responsible Person is notified of this inspection report and any corrective actions required.

Summary

Written Response Required

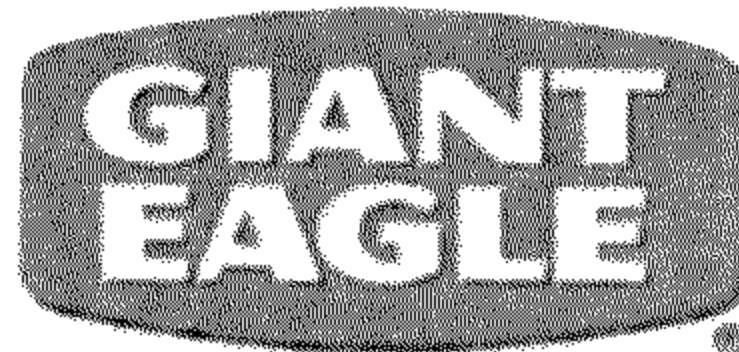
The Organization shall correct items and return a written response, with details on the corrective action(s) taken, to the board office within 20 days from date issued

Reviewed by Edwards, Jennifer Ann, R.Ph.



(signature)

b6
b7C
b7D



Giant Eagle, Inc.

101 Kappa Drive • Pittsburgh, PA 15238 • Phone 412.963.6200 • GiantEagle.com

Ohio State Board of Pharmacy
77 South High Street
Room 1702
Columbus, OH 43215

021199900

02/12/15

To Whom It May Concern:

The following is the detailed response to the two identified items on the Board inspection of Giant Eagle Pharmacy #03223392 on January 26, 2015.

Finding number one:

3.3.4) Shared ARKS

2) Does the pharmacy's real time online ARKS prevent a patient from receiving more dispensings than authorized by the original prescription?

No

Observation:

Currently, the pharmacy ARKS is connected through the store's Point of Sale System (POS). At POS documentation of the patient receiving the dispensing can be by-passed, allowing a patient to receive a dispensing without the POS updating the ARKS dispensing system. As a result, allowing the delivery of the drug to the patient can allow a patient to receive more of a drug than authorized. See Rx #2025875.

Corrective Action:

The pharmacy is to correct this issue so that the pharmacy dispensing process does not allow a patient to receive more drug than authorized. The POS by-pass of the dispensing system on Rx #2025875 allowed the patient to receive twice the quantity of the drug, than that authorized by the prescriber.

Response:

Giant Eagle's policies and procedures require all team members to complete the will call process and scan the transaction bar code of every individual prescription at the point-of-sale (POS) register. In this instance, the technician violated company policy by failing to scan the prescription during the POS process. The technician completed the transaction at issue by using the register's generic RX key instead of scanning and processing the prescription through the system safety checks. The team member received disciplinary action including a suspension for the transgression. In addition, the entire pharmacy team has been retrained on Giant Eagle POS policy.

In the past, the register's generic RX key has been available to service patients in the event of a system outage. That will no longer be the case. The register's generic RX key is being disabled system wide. Giant Eagle's Information Services team anticipates that the register reprogramming will be complete in March.

Finding number two:

6) Security

5) Has the pharmacy experienced any drug thefts or losses in the last three (3) years?

Yes

OK FILE
2/24/15
JW

Aetos Construction Company • American Seaway Foods • Butler Refrigerated Meats, Inc. • Frederick Convenience Company
Fresh Food Manufacturing Company • Giant Eagle Markets Company • HBC Service Company • I.C. Supermarkets, Inc. • Maryland Convenience Company
OK Grocery Company • Retail Markets Company • Riser Foods Company • Talon Logistics, Inc. • The Tamarkin Company

50697H

2015 FEB 17 PM 12:52

RECEIVED
CNO ROYALTY PHARMAC

Observation:

See previous explanation of RX #2025875. The pharmacy is to complete a DEA theft & loss report on this loss.

Corrective Action:

When this drug was wrongly dispensed (on Rx #2025875) to the patient on 01/12/2015, it became a loss to the pharmacy's records of accountability. As a result, it is to be reported as a loss on a DEA 106 for.

Response:

This loss was reported on a DEA 106 on 1/27/15. The pharmacy retrieved eleven of the fifteen tablets from the patient once the issue was identified.

Please contact me if you have any further questions.

Respectfully,



Jennifer A. Edwards, RPh.

~~Pharmacy Team Leader~~ Staff Pharmacist.

Giant Eagle Pharmacy #6381

A0891325

506953

2015 FEB 17 PM 12:50

RECEIVED
CIVIL RIGHTS DIVISION

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: 02-1199900 #6381
DDD#: Giant Eagle Pharmacy
NAME: Jennifer Ann Edwards
R.P.: 36475 Euclid Ave
ADDR: Willoughby, Ohio 44094
CAT: III CLASS: 05
CNTY: 43

AREA CODE / TELEPHONE NUMBER 216-231-0109
TIME IN 1230 A.M. 1430 P.M.
TIME OUT
TYPE RETAIL FED. # BG6670524 EXP. DATE 9-15-2008
HOURS OPEN M-F SAT SUN 9-8 9-6 9-5
FAX NUMBER 440-946-8880 EMAIL 7943

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
Jennifer Ann Edwards	SE	03223312	OHIO PHARMACY		
Danilla Ann Harley	DZHT	03328473			

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
20. IMPROPER Rx's
21. OUTDATED DRUGS
22. DRUG LABELS
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24. OTC/SYRINGES
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED C-II Rx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

1) The STATE & Federal license are current + posted
2) The R.Ph's on duty have valid I.D. on their person.
3) The pharmacy utilizes PDX version 5.1 software for four (4) dispensing computers. Patient recall for this system is approximately three (3) years. The R.Ph generate daily prescription register logs. The logs are signed by the dispensing R.Ph. They are neat and in date order.

F ☒ Conf P ☐
5-19-09
☐ PINK SHEET ISSUED FOR NUMBER(S):

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE [Signature] DATE 5-19-09
SIGNATURE OF INSPECTOR [Signature] DATE 05-15-2009

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:
DDD#:
NAME:
R.P.:
ADDR:

02-1199900

CAT:
CNTY:

pg. 3 of 6
CLASS:

AREA CODE / TELEPHONE NUMBER

TIME IN

A.M.
P.M.

TIME OUT

A.M.
P.M.

TYPE

FED. #

EXP. DATE

HOURS
OPEN

FAX NUMBER

EMAIL

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING
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F ☐ P ☐

4 cont) providing a Secondary
Backup to the physical Barricade
(Tested this Date)
5) ok

6) only RPh Have Key and alarm
access code to the pharmacy.
Fill in RPh obtains key and code
From managers office safe -
C-II drug are secured in a steel
combination locked safe. only
RPh have access to Safes
Combination

7) Drug laws of Ohio are accessed
through the internet system

☐ PINK SHEET ISSUED FOR NUMBER(S): _____

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SIGNATURE OF PERSON IN CHARGE

DATE

SIGNATURE OF INSPECTOR

DATE

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DANGEROUS DRUGS

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH

INSPECTION REPORT

HIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TELEPHONE NUMBER	TIME IN	TIME OUT
946-7714	11:50 A.M.	1430 P.M.

FED. #	EXP. DATE
ETAIC BG 6670524	9-30-11

HOURS OPEN	M-F	SAT	SUN.
	9-5	9-7	9-5

FAX NUMBER	EMAIL
440-946-7943	

TYPE: *RTPC*DDD#: *021199900*NAME: *Giant Eagle*R.P.: *12-7-12*ADDR: *Revere Ann Serv.**36475 Euclid Ave
Willoughby Ohio 44094*CAT: *III*
CNTY: *43*CLASS: *RTPC*

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.
<i>David Toma</i>	<i>DT</i>	<i>03129340</i>			

BY:

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING *★*
12. INSUFFICIENT SUPERVISION
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32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING *★*
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

F ☒ *6-5-11* P ☐ *PS*PINK SHEET ISSUED FOR NUMBER(S): *#11, #37*

- 1) The State + Federal License are current + posted
- 2) The RPh. has a valid ID on his person while practicing
- 3) This pharmacy has two (2) dispensing computers, utilizing PDX 4.6 Software Patient recall for this system is approximately Three (3) years, The RPh. generates daily prescription register logs. These logs are signed by all dispensing RPh.
- 4) The pharmacy has a fully enclosed barricade, with drop down, Key lock

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE

DATE

SIGNATURE OF INSPECTOR

DATE

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DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE: DDD#: NAME: 02-11999000 R.P.: ADDR: PS 2045	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">AREA CODE / TELEPHONE NUMBER</td> <td style="width: 10%;">TIME IN</td> <td style="width: 10%;">A.M.</td> <td style="width: 10%;">TIME OUT</td> <td style="width: 10%;">A.M.</td> </tr> <tr> <td></td> <td></td> <td>P.M.</td> <td></td> <td>P.M.</td> </tr> <tr> <td colspan="2">TYPE</td> <td colspan="2">FED. #</td> <td>EXP. DATE</td> </tr> <tr> <td colspan="5">HOURS OPEN</td> </tr> <tr> <td colspan="2">FAX NUMBER</td> <td colspan="3">EMAIL</td> </tr> </table>	AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.			P.M.		P.M.	TYPE		FED. #		EXP. DATE	HOURS OPEN					FAX NUMBER		EMAIL		
AREA CODE / TELEPHONE NUMBER	TIME IN	A.M.	TIME OUT	A.M.																						
		P.M.		P.M.																						
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HOURS OPEN																										
FAX NUMBER		EMAIL																								
CAT: CNTY:	CLASS:																									

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

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F ☐ P ☐

(TASD THIS DATE)

4 cont.) steel barricade shutter, from ceiling to floor, and ceiling to counter-top securing the customer service areas. Only 1st has Key code + key access to the pharmacy. There is an electronic alarm system as backup to the physical barricade

5) ok

6) ok

7) ok

8) ok

9) There are Two (2) refrigerators specific for pharmacy only needs

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SIGNATURE OF PERSON IN CHARGE

DATE

SIGNATURE OF INSPECTOR

DATE

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DDD#:
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02-1199900

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AREA CODE / TELEPHONE NUMBER

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F ☐ P ☐

10) The DEA 222 forms have been properly completed, and are attached to wholesale invoice sheets. The C-II drugs are documented in a manual perpetual log book (well maintained as viewed this date)

11) On this date Agent Whitney investigated CID # 11-1255. Please review with all personnel O.R.C. 3715.52 A.1. RE: The manufacture, sale, delivery, holding or offer for sale of any "Food," "Drug," or device, that is adulterated or misbranded.

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DATE

SIGNATURE OF INSPECTOR

DATE

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DANGEROUS DRUG DISTRIBUTOR INSPECTION REPORT

OHIO BOARD OF PHARMACY; 77 SOUTH HIGH STREET, ROOM 1702; COLUMBUS, OHIO 43215-6126 - TEL 614-466-4143; FAX 614-752-4836

TYPE:
DDD#:
NAME:
R.P.:
ADDR:

02-1199900

pg 4045

CAT:
CNTY:

CLASS:

AREA CODE / TELEPHONE NUMBER

TIME IN

A.M.

TIME OUT

A.M.

P.M.

P.M.

TYPE

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33. REFILLS-UA
37. COUNSELING
38. PSE SALES
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40. CONFIDENTIALITY

F ☐ P ☐

29) The last DEA Biennial inventory was completed on May 1, 2011 by RPH. Scay at the close of business

21) A random check of drugs in the storage bins reveals no out dates

24) ok

26) Three Rx file system

28) ok

★ 37) Please remind all pharmacy personnel that counseling is to be offered to all patients / caregivers. Refusal of counseling is noted with a manual signature. cont.

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 ADDR: Pg 5 of 5

AREA CODE / TELEPHONE NUMBER TIME IN A.M. TIME OUT A.M.
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EMAIL

CAT: CLASS:
 CNTY:

PERSONNEL	INIT. USED	TITLE/ I.D. NO.	PERSONNEL	INIT. USED	TITLE/ I.D. NO.

1. LICENSING
2. I.D. CARDS
3. RECORD SYSTEM
4. BARRICADE
5. MIN. STANDARDS
6. SECURITY
7. LIBRARY
8. CLEANLINESS
9. REFRIGERATION
10. ACCOUNTABILITY
11. IMPROPER DISPENSING
12. INSUFFICIENT SUPERVISION
13. INVENTORY RECORDS
14. DRUG DESTRUCTION
15. ILLEGAL SALES
16. ILLEGAL PURCHASES
17. SAMPLES
20. IMPROPER Rx's
21. OUTDATED DRUGS
22. DRUG LABELS
23. Rx INFORMATION
24. OTC/SYRINGES
26. Rx FILES
27. Rx COPIES
28. Rx INT/DATE
29. DEA INVENTORY
30. PHONED C-II Rx
31. REFILLS-6MO/5X
32. REFILLS-INT/DATE
33. REFILLS-UA
37. COUNSELING
38. PSE SALES
39. OARRS
40. CONFIDENTIALITY

F ☐ P ☐

37 cont'd Please refer to OAC 4729-5-22 B
 re: patient counseling, 12th Term &
 Apr 2011, were unable to locate
 a signed Signature Script for Rx
 #6264993 or #6264382
 Wholesaler - McKesson - no wholesaler
 sales. no exempt drug sales
 Approximately 270 scripts filled daily
 Approximately 50% P.E.
 Last Rx # 6269584

☒ PINK SHEET ISSUED FOR NUMBER(S): 11 - 37

IF BOX IS CHECKED, THE DISTRIBUTOR SHALL CORRECT ITEM(S) INDICATED AND RETURN THE PINK COPY, WITH DETAILS OF THE CORRECTIVE ACTION(S) TAKEN, TO THE BOARD OFFICE WITHIN 20 DAYS FROM DATE ISSUED.

SIGNATURE OF PERSON IN CHARGE

DATE

SIGNATURE OF INSPECTOR

DATE

PHA-0610 (Rev.03/08) WHITE - OFFICE COPY YELLOW - INSPECTOR COPY PINK - INDIVIDUAL COPY GREEN - DISTRIBUTOR COPY

OHIO STATE BOARD OF PHARMACY

PRESCRIPTION ROOM BARRICADE INSPECTION REPORT

(O.A.C. RULE 4729-9-11 REQUIREMENTS)

DATE: <i>MAY 2014</i>	T.D.D.D. #: <i>02-1199700</i>
BOARD AGENT: <i>Cory Johnson</i>	D.E.A. #: <i>B66670524</i>

YES NO (Place an X on the appropriate line for each statement below)

LOCATION OF ALL KEYS NOT IN POSSESSION OF A REGISTERED PHARMACIST:

- ☒ ☐ Key in sealed envelope in ~~safe~~ *Lock Box*
- ☒ ☐ All items requiring R.Ph. supervision are inside barricade.
- ☒ ☐ Prescription department may not be entered when barricade is in use.

PHYSICAL BARRICADE:

- ☒ ☐ Minimum of seven (7) feet in height.
- ☒ ☐ Fully enclosed.
- ☒ ☐ Suitable locks are provided.
- ☒ ☐ Prescription department cannot be entered when locked without obvious damage to barricade.
- ☒ ☐ No item, equipment, record, or service in prescription room may be available to store operation when prescription room is closed.

ELECTRONICS:

- ☒ ☐ This is a company-owned system.
If no, leased from who? *State Alarm*
- ☒ ☐ This is a ☐ HARDWIRE / ☐ WIRELESS / ☒ BOTH system. (check one)
- ☒ ☐ There is a functional emergency "hold up" button.
- ☒ ☐ System is in operation at all times when R.Ph. is not present.
- ☒ ☐ Items in prescription room may not be removed when system is operating without activating the alarm.
If yes, where does alarm sound or who does it alert?
Local Law Enforcement *Manager*
- ☒ ☐ Only pharmacists possess access code to prescription room.
- ☒ ☐ System was tested this date. Date system was last tested? _____
- ☒ ☐ Slot is provided for drop-in prescriptions.
- ☒ ☐ Suitable notice of operating hours to public is posted.
- ☒ ☐ Notice of emergency service is posted.

OHIO STATE BOARD OF PHARMACY

PREScription ROOM BARRICADE INSPECTION REPORT

(Page Two)

R.Ph./OWNER STATEMENT OF UNDERSTANDING:

I have been informed of and understand the following requirements:

1. No prescription item may be sold when the prescription department is closed.
2. No insulin, exempt narcotic, poison, or dangerous drug may be available to the public when the prescription department is closed.
3. No prescription may be left outside the barricade for customer pick-up.
4. No wholesaler orders are to be delivered when the prescription department is closed, unless in tamper-resistant containers.
5. No person other than a registered pharmacist may possess keys to the prescription department in any licensed facility except in an approved laboratory and institutional facilities in compliance with Ohio Administrative Code Rules 4729-17-03 and 4729-17-07.
6. Any change in the barricade requires it to be re-inspected after that change, before its use, and that no person, other than a pharmacist, can possess a key to the premises until the re-inspection is completed.
7. All dangerous drugs are to be stored within the barricaded area.

David J. Tona 5-20-2011
 (Signature of R.Ph./Owner) (Date and Time of Signature)

BARRICADE APPROVAL:

I find this barricade to comply with all requirements of Ohio Administrative Code Rule 4729-9-11:

[Signature] Agent
 (Signature of Board Agent) (Title)

Comments:

Barricade approved 6/15
 DATE.

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BOP INSPECTORS IN CT3:	# INSPECTIONS	EARLIEST INSPECTION	LATEST INSPECTION	LAKE	196	216	1217	1225	4097	6377	6381	TRUMBULL	1405	1419	1435	4002	4051	4056
William Trey Edwards	25	2/4/2009	12/16/2019	23	6	4	5	3	0	5	0	3	0	0	0	0	1	2
George Pavlich	21	11/26/1991	12/1/2011	0	0	0	0	0	0	0	0	21	5	11	1	2	1	1
Frank Bodi	19	12/29/1995	5/15/2008	19	5	5	3	2	0	3	1	0	0	0	0	0	0	0
John Bonish	7	11/1/2012	9/1/2015	0	0	0	0	0	0	0	0	7	1	1	0	1	2	2
William DiFrangia	4	5/23/2017	9/18/2019	0	0	0	0	0	0	0	0	4	1	2	0	0	1	0
Joann Predine	2	2/19/2015	3/24/2015	1	0	0	1	0	0	0	0	1	1	0	0	0	0	0
Kimberly Hollingshead	2	4/9/2019	8/31/2020	1	1	0	0	0	0	0	0	1	1	0	0	0	0	0
Greg Whitney	2	5/5/2009	5/20/2011	2	0	0	0	0	0	0	2	0	0	0	0	0	0	0
Cannot read signature	1	2/11/2014	2/11/2014	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0
Illegible	1	1/6/2014	1/6/2014	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
David Gallagher	1	1/26/2015	1/26/2015	1	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Edwards / Doty	1	7/7/2014	7/7/2014	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Edwards / Dietsche	1	12/19/2013	12/19/2013	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0
Ginger Varone	1	9/17/2018	9/17/2018	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0
Katie Stabi	1	1/30/2017	1/30/2017	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0
Lynn Edward Mudra	1	7/28/2016	7/28/2016	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0
Gautonper (sp?)	1	7/23/2012	7/23/2012	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0
Michael Reese	1	8/23/2017	8/23/2017	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0
TOTAL REPORTS	92			51	13	9	10	5	1	9	4	41	10	15	2	3	6	5